

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N02669

1. Entity Name  
FOXGREEN MANOR HOMEOWNERS ASSOCIATION,  
INC.



Principal Place of Business

3079 FINSTERWAL DR  
C/O JAMES R BAUER  
TITUSVILLE, FL 32780

Mailing Address

3079 FINSTERWALD DR  
C/O JAMES R. BAUER  
TITUSVILLE, FL 32780

FILED

04 JAN 13 PM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01142004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-2446827

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAUER, JAMES R  
3079 FINSTERWALD DR  
TITUSVILLE, FL 32780

DO NOT WRITE  
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TS
NAME	BAUER, JAMES R
STREET ADDRESS	3079 FINSTERWALD DR
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	P
NAME	LUPO, DONALD M.
STREET ADDRESS	17 W 232 OLD TAVERN RD
CITY-ST-ZIP	OAKBROOK, IL 60521
TITLE	D
NAME	LUPO, SANDRA
STREET ADDRESS	17 W 232 OLD TAVERN RD
CITY-ST-ZIP	OAKBROOK, IL 60521
TITLE	D
NAME	LUPO, JOHN
STREET ADDRESS	1007 BRAEMOOR
CITY-ST-ZIP	DOWNERS GROVE, IL 60515
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



## Division of Corporations

## Annual Report

Page 1

Document Number

N02669

Business Entity Name

FOXGREEN MANOR HOMEOWNERS ASSOCIATION, INC.

FEI Number

592446827

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

## Principal Place of Business

Address

3079 FINSTERWAL DR

Suite, Apt. #, etc.

C/O JAMES R BAUER

City, State

TITUSVILLE

FL

Zip Code &amp; Country

32780

## Mailing Address

Address

3079 FINSTERWALD DR

Suite, Apt. #, etc.

C/O JAMES R. BAUER

City, State

TITUSVILLE

FL

Zip Code &amp; Country

32780

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

BAUER

JAMES

R

-or- RA Business Name

Address

3079 FINSTERWALD DR

Suite, Apt. #, etc.

City, State

TITUSVILLE

FL

Zip Code &amp; Country

32780

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

*R. Bauer*

Continue

Reset

Start Over

---

**Sunbiz Home Page**

**Public Access Help**



## Division of Corporations

## Annual Report

Page 2

Document Number

N02669

Business Entity Name

FOXGREEN MANOR HOMEOWNERS ASSOCIATION, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Officer/Director Name And Address

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the  
'Officer/Director Signature' block below. A corporate name is not  
allowed in this block.

Title   
Officer/Director Signature

**Sunbiz Home Page**

**Public Access Help**