2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02669

FILED Jan 11, 2008 Secretary of State

Entity Name: FOXGREEN MANOR HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3079 FINSTERWALD DR C/OJAMES R BAUER TITUSVILLE, FL 32780 **Current Mailing Address: New Mailing Address:** 3079 FINSTERWALD DR 3079 FINSTERWALD DR C/OJAMES R. BAUER C/OJAMES R BAUER TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 FEI Number: 59-2446827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAUER, JAMES R 3079 FINSTERWALD DR TITUSVILLE, FL 32780 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BAUER, JAMES R Name: Name: Address: 3079 FINSTERWALD DR Address: TITUSVILLE, FL 32780 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: WECAL, WALTER S Name: WECAL, WALTER S Address: 3087 FINSTERWALD DR Address: 530 MARTELLO WAY City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: MELBOURNE, FL 32901 Title: () Delete Title: () Change () Addition BAUER, SALLY J Name: Name: 3087 FINSTERWALD DR Address: Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition Name: WECAL, BEVERLY Name: WECAL, BEVERLY 530 MARTELLO WAY Address: 3087 FINSTERWALD DR. Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. BAUER ST 01/11/2008