

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N05356 (3)

1. Corporation Name
FOXMOOR OF FOXFIRE CONDOMINIUM II ASSOCIATION, I NC.



Principal Place of Business 1100 FIFTH AVENUE S 201 NAPLES FL 33940 US	Mailing Address 1100 FIFTH AVENUE S 201 NAPLES FL 34102-6488 US
--	---

3. Date Incorporated or Qualified 09/26/1984	3a. Date of Last Report 04/09/1996
--	--

21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address Suite, Apt. #, etc. 27. City & State 28. Zip Country
---	---

4. FEI Number 59-2460175	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROBERT HALL & ASSOCIATES INC
1100 FIFTH AVENUE S #201
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PO	<input type="checkbox"/>
NAME	JAMESON BRADFORD	
STREET ADDRESS	1001 FOXFIRE LANE, #207	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	MINGH, WILLIAM	
STREET ADDRESS	1001 FOXFIRE LANE, #110	
CITY-ST-ZIP	NAPLES FL	
TITLE	STD	<input checked="" type="checkbox"/>
NAME	WALTZ, DON	
STREET ADDRESS	1001 FOXFIRE LANE #307	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	MINGH, JAMES		
1.3 STREET ADDRESS	1001 FOXFIRE LANE		
1.4 CITY-ST-ZIP	NAPLES, FL 34104		
2.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	ENORES, DONALD		
2.3 STREET ADDRESS	1001 FOXFIRE LANE		
2.4 CITY-ST-ZIP	NAPLES, FL 34104		
3.1 TITLE	STD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	CONRADO, JUAN		
3.3 STREET ADDRESS	1001 FOXFIRE LANE		
3.4 CITY-ST-ZIP	NAPLES, FL 34104		
4.1 TITLE	DVA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	QUINTANA, RUBEN		
4.3 STREET ADDRESS	1001 FOXFIRE LANE #307		
4.4 CITY-ST-ZIP	NAPLES, FL 34104		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bradford Jameson **Bradford Jameson, Pres.** 4/9/97 941-261-6508

CR2E037 (9/96)