

FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90146 031 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

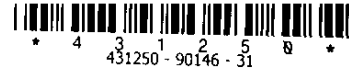


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N05356

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 33940
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

09/26/1984

4. FEI Number

59-2460175

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JAMESON BRADFORD	
STREET ADDRESS	1001 FOXFIRE LANE, #207	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HINGA, JAMES	
STREET ADDRESS	1001 FOXFIRE LANE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ENDERS, DONALD	
STREET ADDRESS	1001 FOXFIRE LANE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	CULBERSTON, EUGENE	
STREET ADDRESS	1001 FOXFIRE LANE #305	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	CONEGLIO, JOSEPH	
STREET ADDRESS	1001 FOXFIRE LANE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Jameson Bradford	<input type="checkbox"/> Addition
1.2 NAME	JAMESON BRADFORD	
1.3 STREET ADDRESS	1001 FOXFIRE LANE #207	
1.4 CITY-ST-ZIP	NAPLES, FL 34104	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HINGA, JAMES	
2.3 STREET ADDRESS	1001 FOXFIRE LANE #208	
2.4 CITY-ST-ZIP	NAPLES, FL 34104	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RITA LEWIS	
4.3 STREET ADDRESS	1001 FOXFIRE LANE #201	
4.4 CITY-ST-ZIP	NAPLES, FLORIDA 34104	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SALINA SALVATORE	
6.3 STREET ADDRESS	1001 FOXFIRE LANE #206	
6.4 CITY-ST-ZIP	NAPLES, FLORIDA 34104	

14. 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 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, with all other like empowered.

SIGNATURE: *John A. Hinga*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: April (94)
 22, 1999
 Daytime Phone # 143 5192

CR2E037 (1/98)