

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0047899

04-09-2002 90009 010 \*\*\*\*61.25

**DOCUMENT # N05356**

1. Entity Name

**FOXMOOR OF FOXFIRE CONDOMINIUM II ASSOCIATION, I  
 NC.**

Principal Place of Business

Mailing Address

1100 FIFTH AVENUE S  
 201  
 NAPLES FL 33940  
 US

1100 FIFTH AVENUE S  
 201  
 NAPLES FL 33940  
 US

2. Principal Place of Business

3. Mailing Address

5730 12ave SW

P.O. Box 7335

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples FL

Naples FL

4. FEI Number

59-2460175

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name Alan mark Krisky  
 Street Address (P.O. Box Number is Not Acceptable)  
5730 12ave SW  
 City Naples FL Zip Code 34116

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PD HINGA, JAMES	1001 FOXFIRE LANE # 208	NAPLES FL 34104	<input type="checkbox"/>	<input type="checkbox"/>
	D JAMESON, BRAD	437, FOX DEN CIRCLE	NAPLES FL 34104	<input type="checkbox"/>	<input type="checkbox"/>
	SD LEWIS, RITA	1001 FOXFIRE LANE #201	NAPLES FL 34104	<input type="checkbox"/>	<input type="checkbox"/>
	TD CONEGLIO, JOSEPH	1001 FOXFIRE LANE	NAPLES FL 34104	<input type="checkbox"/>	<input type="checkbox"/>
	VPD SALVATORE, SALINA	1001 FOXFIRE LANE # 206	NAPLES FL 34104	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/02 9435,9941

CR2E037 (9/01)