


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90218 047 ****61.25

DOCUMENT # N05356

1. Entity Name
FOXMOOR OF FOXFIRE CONDOMINIUM II ASSOCIATION, INC.



Principal Place of Business
 1001 FOXFIRE LN.
 NAPLES, FL 34104 US

Mailing Address
 PO BOX 8478
 NAPLES, FL 34101 US

94070954



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01072004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2460175

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANDCASTLE COMMUNITY MGMT.
 400 5TH AVENUE S. #200
 NAPLES, FL 34110

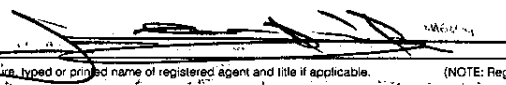
7. Name and Address of New Registered Agent

Name **Eduardo De Armas**

Street Address (P.O. Box Number is Not Acceptable)
Sandcastle Community Management Inc.
1719 Trade Center way #4

City **Naples** FL Zip Code **34109**

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:  **MANAGER** DATE: **7/26/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MARGARET, FLANAGAN	
STREET ADDRESS	1001 FOXFIRE LANE #307	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHULTZ, HOWARD	
STREET ADDRESS	1001 FOXFIRE LANE #302	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KLUG, PAUL	
STREET ADDRESS	1001 FOXFIRE LANE #204	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MASS, FRANK	
STREET ADDRESS	1001 FOXFIRE LANE #304	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SALVATORE, SALINA	
STREET ADDRESS	1001 FOXFIRE LANE # 206	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chwun Che Lan	
STREET ADDRESS	1001 Foxfire Lane # 204	
CITY-ST-ZIP	Naples, FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR