

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05356

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** FOXMOOR OF FOXFIRE CONDOMINIUM II ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S #215  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S #215  
NAPLES, FL 34104 US

**New Mailing Address:**

**FEI Number:** 59-2521659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONEGILO, JOSEPH  
1001 FOXFIRE LANE #107  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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:**

Title: D  
Name: MORETTI, MICHAEL  
Address: 1001 FOXFIRE LN #103  
City-St-Zip: NAPLES, FL 34104

Title: P  
Name: CONEGLIO, JOSEPH  
Address: 1001 FOXFIRE LN #107  
City-St-Zip: NAPLES, FL 34104

Title: VP  
Name: ARENHOLZ, CHARLES T  
Address: 1001 FOXFIRE LN #306  
City-St-Zip: NAPLES, FL 34104

Title: S  
Name: GAGNIER, ROBERT  
Address: 10001 FOXFIRE LANE #303  
City-St-Zip: NAPLES, FL 34104

Title: TS  
Name: MORIN, JUDITH F  
Address: 1001 FOXFIRE LANE 310  
City-St-Zip: NAPLES, FL 34104

I hereby 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 all other like empowered.

**SIGNATURE:** JOSEPH CONEGLIO

P

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date