

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