



**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-10-2003 90170 016 ****61.25

DOCUMENT # N05356			
1. Entity Name FOXMOOR OF FOXFIRE CONDOMINIUM II ASSOCIATION, I NC.			
Principal Place of Business 5736 T2 AVE SW NAPLES FL 34116		Mailing Address PO BOX 7395 NAPLES FL 34101	
2. Principal Place of Business 1001 FOXFIRE LN		3. Mailing Address P.O. Box 8478	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State NAPLES FL	
Zip 34104	Country USA	Zip 34101-8478	Country USA
4. FEI Number 59-2460175		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent KRISKE BLANTM 5700 12 AVE SW NAPLES FL 34116		7. Name and Address of New Registered Agent Name SANDCASTLE COMMUNITY MGMT. Street Address (P.O. Box Number is Not Acceptable) 400 6TH AVENUE S. #200 EDUARDO DE ARMAS City NAPLES FL Zip Code 3410	
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 		DATE 4/18/03	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINGA, JAMES 1001 FOXFIRE LANE # 208 NAPLES FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARGARET FLANAGAN 1001 FOXFIRE LANE #307 NAPLES, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMESON, BRAD 437 FOX DEN CIRCLE NAPLES FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD SCHULTZ 1001 FOX FIRE LANE # 308 NAPLES, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, RITA 1001 FOXFIRE LANE #201 NAPLES FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PAUL KLUG 1001 FOX FIRE LANE # 204 NAPLES, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONEGLIO, JOSEPH 1001 FOXFIRE LANE NAPLES FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK MASS 1001 FOXFIRE LANE # 304 NAPLES, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SALVATORE, SALINA 1001 FOXFIRE LANE # 206 NAPLES FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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		DATE 4/7/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E037 (10/02)