

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

5/14/2008-90014-017-\$61.25-\$61.25

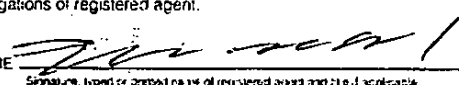
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/07)

DOCUMENT # N06000007762					
1. Entity Name FOXWOOD LAKE #2, INC.					
Principal Place of Business 1718 KINGSLEY AVE. ORANGE PARK FL 32073			Mailing Address 1718 KINGSLEY AVE. ORANGE PARK FL 32073		
2. Principal Place of Business - No P.O. Box # 1722 Kingsley Ave Suite, Apt. #, etc. Ste 195 City & State Orange Park, FL Zip 32073 Country USA			3. Mailing Address 1722 Kingsley Ave Suite, Apt. #, etc. Ste 195 City & State Orange Park, FL 32073 Zip 32073 Country USA		
4. FEI Number 59-3039226			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WILHITE, MARVIN E 1718 KINGSLEY AVE. ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  Signature, typed or printed name of registered agent and title acceptable. (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wilhite, Marvin E. ☐ Delete WILHITE, MARIANA E 1722 Kingsley Ave. ORANGE PARK FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					