

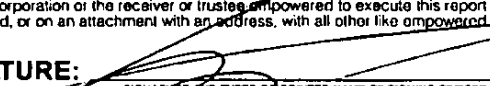


FILED
May 08, 2007 8:00 am
Secretary of State

04-18-2007 90162 006 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|--|--|--|--|
| DOCUMENT # N06000008936 | |  | |
| 1. Entity Name FOXWOOD HOMEOWNERS ASSOCIATION, INC. | | | |
| Principal Place of Business 123 NW 13TH STREET SUITE 300 BOCA RATON, FL 33432 | | Mailing Address 123 NW 13TH STREET SUITE 300 BOCA RATON, FL 33432 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 04022007 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 14-1996934 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent THOMPSON, LISA N 756 BEACHLAND BLVD VERO BEACH, FL 32963-1745 | | 7. Name and Address of New Registered Agent Name <u>LYNNE GAUDET</u> Street Address (P.O. Box Number is Not Acceptable) <u>123 NW 13TH ST., Suite 300</u> City <u>BOCA RATON</u> FL <u>33432</u> | |
| 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 <u>4-2-07</u> | |
| Filing Fee is \$81.25 Due by May 1, 2007 | | 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 | DP SUSIK, ROBERT 123 NW 13TH STREET SUITE 300 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TAD RUSSELL 123 NW 13TH ST Suite 300 BOCA RATON, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVS YUTER, RONALD 123 NW 13TH STREET SUITE 300 BOCA RATON, FL 33432 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT DALY, MELODY 123 NW 13TH STREET SUITE 300 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | LYNNE GAUDET 123 NW 13TH ST, Suite 300 BOCA RATON <input type="checkbox"/> Change <input checked="" 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 |
| 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 |
| 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 exemptions contained in Chapter 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:  | | DATE <u>4-2-07</u> (521) 391-4012 | |