

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90269 019 ****61.25

DOCUMENT # N07197 1. Entity Name FOX HAVEN OF FOXFIRE CONDOMINIUM I ASSOCIATION, INC.			
Principal Place of Business BAYVIEW PROPERTY MGMT 4600 ENTERPRISE AVE STE A NAPLES, FL 34104 US		Mailing Address BAYVIEW PROPERTY MGMT 4600 ENTERPRISE AVE STE A NAPLES, FL 34104 US	
2. Principal Place of Business - No P.O. Box # <i>do Resort mgmt</i> Suite, Apt. #, etc. <i>2685 Horseshoe Dr S. #215</i>		3. Mailing Address <i>do Resort mgmt</i> Suite, Apt. #, etc. <i>2685 Horseshoe Dr S. #215</i>	
City & State <i>Naples, FL</i>		City & State <i>Naples, FL</i>	
Zip <i>34104</i>		Zip <i>34104</i>	
Country <i>US</i>		Country <i>US</i>	
6. Name and Address of Current Registered Agent WRIGHT, RUSSELL 4600 ENTERPRISE AVE NAPLES, FL 34104		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Albert H Chappell</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u><i>4-16</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 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	STD LYNCH, ANITA 460 FOXHAVEN DRIVE #1210 NAPLES, FL 34104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kaplowitz, Bernard 460 Foxhaven Drive #1105 Naples, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAPPEL, ALBERT 460 FOXHAVEN DRIVE #1504 NAPLES, FL 34104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chappell, Albert 460 Foxhaven Drive #1304 Naples, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAMISTRATO, LOU 460 FOXHAVEN DR #1205 NAPLES, FL 34104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bachman, Richard 460 Foxhaven Drive #1208 Naples, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jensen, Barry 460 Foxhaven Drive #1104 Naples, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zwickbauer, Franz 460 Foxhaven Drive #1103 Naples, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
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: <u><i>Albert H Chappell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u><i>4-16</i></u> <small>Date Daytime Phone #</small>	

40077758



03162007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2641351
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**