

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90248 046 \*\*\*\*61.25

<b>DOCUMENT # N07197</b> 1. Entity Name <b>FOX HAVEN OF FOXFIRE CONDOMINIUM I ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O RESORT MGMT 2685 HORSESHOE DR #215 NAPLES, FL 34104 US</b>			Mailing Address <b>C/O RESORT MGMT 2685 HORSESHOE DR #215 NAPLES, FL 34104 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2641351</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WRIGHT, RUSSELL 4600 ENTERPRISE AVE NAPLES, FL 34104</b>				7. Name and Address of New Registered Agent Name <b>Richard Bachman</b> Street Address (P.O. Box Number is Not Acceptable) <b>460 Foxhaven Dr. #1208</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34104</b>	
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 <b>Secretary</b> <b>4/30/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD LYNCH, ANITA 460 FOXHAVEN DRIVE #1210 NAPLES, FL 34104</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Zwicklbauer, Franz 460 Foxhaven Drive #1103 Naples, FL 34104</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CHAPPEL, ALBERT 460 FOXHAVEN DRIVE #1504 NAPLES, FL 34104</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD CANNISTRARO, LOU 460 FOXHAVEN DR #1205 NAPLES, FL 34104</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Cannistraro, Louis</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V KAPLOVITZ, BERNARD 460 FOXHAVEN DRIVE #1105 NAPLES, FL 34104</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BACHMAN, RICHARD 460 FOXHAVEN DRIVE #1208 NAPLES, FL 34104</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T JENSEN, BARRY 460 FOXHAVEN DRIVE #1104 NAPLES, FL 34104</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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.					
<b>SIGNATURE:</b> <b>Sec.</b> <b>4/30/08</b> <b>(239) 649-5386</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Richard Bachman