2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N07197

Entity Name: FOX HAVEN OF FOXFIRE CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MGMT
2685 HORSESHOE DR #215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MGMT
2685 HORSESHOE DR #215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2641351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BACHMAN, RICHARD
460 FOXHAVEN DR
#1208
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

KAPLOWITZ, BERNARD
460 FOXHAVEN DR
#1105
NAPLES, FL 34104 US

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.

SIGNATURE: BERNARD KAPLOWITZ 04/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: CANNISTRARO, LOUIS
Address: 460 FOXHAVEN DR #1205
City-St-Zip: NAPLES, FL 34104

Title: P ( ) Delete
Name: KAPLOVITZ, BERNARD
Address: 460 FOXHAVEN DRIVE #1105
City-St-Zip: NAPLES, FL 34104

Title: S ( ) Delete
Name: BACHMAN, RICHARD
Address: 460 FOXHAVEN DRIVE #1208
City-St-Zip: NAPLES, FL 34104

Title: T ( ) Delete
Name: JENSEN, BARRY
Address: 460 FOXHAVEN DRIVE #1104
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: RYAN, KENNETH
Address: 460 FOXHAVEN DR #1309
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: CRANKSHAW, GARY
Address: 460 FOXHAVEN DRIVE #1205
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARD KAPLOWITZ P 04/22/2009
Electronic Signature of Signing Officer or Director Date