FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07789 (3)

1. Corporation Name
FOXFIRE VILLAS I HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O NEWELL PROPERTY MANAGEMENT 4100 CORPORATE SQUARE. #166 NAPLES FL 33942	C/O NEWELL PROPERTY MANAGEMENT 4100 CORPORATE SQUARE. #166 NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1985
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2641353 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NEWELL, WILLIAM
4100 CORPORATE SQUARE, #166
NAPLES FL 33942

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DV~~	11 TITLE	☐ Change ☐ Addition
NAME	~~ROTE, JIM~~	12 NAME	
STREET ADDRESS	~~252 KINGS WAY~~	13 STREET ADDRESS	Bo Joseph, Fred 208 Kings Way
CITY-ST-ZIP	~~NAPLES FL~~	14 CITY-ST-ZIP	Naples FL 33942
TITLE	~~D~~	21 TITLE	☐ Change ☐ Addition
NAME	~~COPPERSTONE, JOHN~~	22 NAME	
STREET ADDRESS	~~464 KINGS WAY~~	23 STREET ADDRESS	Copperstone, John 464 Kings Way
CITY-ST-ZIP	~~NAPLES FL~~	24 CITY-ST-ZIP	Naples FL 33942
TITLE	~~DP~~	31 TITLE	☐ Change ☐ Addition
NAME	~~JOHNSON, NEIL~~	32 NAME	
STREET ADDRESS	~~468 KINGS WAY~~	33 STREET ADDRESS	Johnson, Neil 468 Kings Way
CITY-ST-ZIP	~~NAPLES FL~~	34 CITY-ST-ZIP	Naples FL 33942
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	LANGE, DEAN	42 NAME	
STREET ADDRESS	902 KINGS WAY	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	44 CITY-ST-ZIP	
TITLE	~~MD~~	51 TITLE	☐ Change ☐ Addition
NAME	~~NEWELL, WILLIAM~~	52 NAME	
STREET ADDRESS	~~4100 CORPORATE SQUARE~~	53 STREET ADDRESS	
CITY-ST-ZIP	~~NAPLES FL 33942~~	54 CITY-ST-ZIP	
TITLE	~~TD~~	61 TITLE	☐ Change ☐ Addition
NAME	~~HOKONSON, CHARLES~~	62 NAME	Hokonson, Charles
STREET ADDRESS	~~65A KING WAY~~	63 STREET ADDRESS	654 Kings Way
CITY-ST-ZIP	~~NAPLES FL~~	64 CITY-ST-ZIP	Naples FL 33942

DP 5/16

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Neil W Johnson NEIL W JOHNSON 813 643 4884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Neil Johnson 4/24/95

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