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NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

TO CONTROL THE BOOK COURT COURT CONTROL CONTROL OF THE CONTROL OF

CR2E037 (12/95)

1996

DOCUMENT #

SIGNATURE:

N07789

(3)

FOXFIRE VILLAS I HOMEOWNERS ASSOCIATION, INC.

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Principal Place of	of Business	Mailing Addres	SS			311 44111 13211 13241 13111		J. 2	
	PROPERTY MANAGEMENT		L PROPERTY MA						
4100 CORPOR	RATE SOUARE. #166 3942		4100 CORPORATE SQUARE. #166 NAPLES FL 33942			2 Date land and a Constitution	3a Doto	of Last B	ecort
MATLES IL S	J342	1,000,000				3. Date Incorporated or Qualified 02/22/1985		of Last R 05/01/19	
2. Principal Pla	ce of Business	2a. Mailing Add	dress			4. FEI Number		<u> </u>	oplied For
1		26				59-2641353			ot Applicable
Suite, Apt. #	, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired		+	Additional equired
2		27				6 Floring Companies Financies			May Be
City & State		City & Stat	e			Election Campaign Financing Trust Fund Contribution		7	to Fees
Zip	Country	Zip		Country		8. This corporation has liability for it	ntangible tak	under s.	199.032
4	25	29	30			Florida Statutes]Yes ሺ N	No	
<u> </u>	9. Name and Address of Curre	ent Registered Ager	nt			10. Name and Address of New R	egistered A	gent	
				Bi	Name				
NEWELL	, WILLIAM			82	Street Addro	ess (P.O. Box Number is Not Acceptable	le)		
4100 CC	ORPORATE SQUARE, #166			83					
NAPLES	FL 33942			83					
				84	City		FL	85 Zip	Code
44 Diversion 4	a the provisions of Sections 617.05	02 and 617 1509. Flo	rida Statutes, the	e above-nar	ned cornora	ation submits this statement for the pur	roose of char	nging its re	gistered off
or registers	o trie provisions or Sections 617.05 ed agent, or both, in the State of Flo h, and accept the obligations of, Se	orida. Such change wa	as authorized by	the corpora	ation's board	d of directors. I hereby accept the appo	ointment as r	registered	agent. I am
	h, and accept the colloations of, Se	action 617.0503, Flork	a Statutes.						
familiar wit	, • •								
SIGNATURE			(NOTE: Reg	gistered Agent si	gnature required	when reinstating)	DATE		
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