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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 34104-4713~~

3. Date Incorporated or Qualified: 02/22/1985
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business	2a. Mailing Address
21 ~~4148A Corporate Sq~~	26 ~~4148A Corporate Sq~~
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 ~~Naples FL~~	28 ~~Naples FL~~
24 Zip ~~34104~~ 25 Country ~~USA~~	29 Zip ~~34104~~ 30 Country ~~USA~~

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

81 Name: Newell, William
82 Street Address (P.O. Box Number is Not Acceptable): 4148A Corporate Square
83
84 City: Naples FL 85 Zip Code: 34104

11. Pursuant to the provisions of Section 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: William Newell, Mr. V.P. 3/20/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEJOSEPH, FRED		1.2 NAME		
STREET ADDRESS	208 KING WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	~~D~~	☑ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	~~KEYS, ROGER~~		2.2 NAME	Thurlow, Skip	
STREET ADDRESS	~~426 KINGS WAY~~		2.3 STREET ADDRESS	302 King Way 34104	
CITY-ST-ZIP	~~NAPLES FL~~		2.4 CITY-ST-ZIP	Naples FL	
TITLE	~~STD~~	☐ DELETE	3.1 TITLE	STD	☑ Change ☐ Addition
NAME	~~ROBERTS, LEILONI~~		3.2 NAME	Roberts, Leilani	
STREET ADDRESS	~~254 KINGS WAY~~		3.3 STREET ADDRESS	254 King Way	
CITY-ST-ZIP	~~NAPLES FL~~		3.4 CITY-ST-ZIP	Naples FL 34104	
TITLE	~~VD~~	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~LANGE, DEAN~~		4.2 NAME		
STREET ADDRESS	~~902 KINGS WAY~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~NAPLES FL~~		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	VINCENT, WILLIAM		5.2 NAME	Strolle, David	
STREET ADDRESS	950 KINGS WAY		5.3 STREET ADDRESS	300 King Way	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	Naples FL 34104	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME			6.2 NAME	Shilson, Herb	
STREET ADDRESS			6.3 STREET ADDRESS	402 King Way 34104	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Naples FL	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: William Newell, Mr. V.P. 4/26/97