

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07789

1. Entity Name

FOX FIRE VILLAS I HOMEOWNERS ASSOCIATION, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90295 033 ****61.25

Principal Place of Business Mailing Address
C/O NEWELL PROPERTY MANAGEMENT C/O NEWELL PROPERTY MANAGEMENT
4148 CORPORATE SQ 4148 CORPORATE SQ
NAPLES FL 34104 NAPLES FL 34104-4753
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2641353 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWELL, WILLIAM
4148A CORPORATE SQ
NAPLES FL 34104

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME THURLOW, SKIP
STREET ADDRESS 302 KINGS WAY
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Change ☒ Addition
NAME Disbrowe, George
STREET ADDRESS 362 Kings Way
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Delete
NAME PAPPAS, CONNIE
STREET ADDRESS 856 KINGS WAY
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ROBERTS, LEILANI
STREET ADDRESS 254 KINGS WAY
CITY-ST-ZIP NAPLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME WHITE, EARL
STREET ADDRESS 306 KINGS WAY
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VINCENT, WILLIAM
STREET ADDRESS 950 KINGS WAY
CITY-ST-ZIP NAPLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #