2000 UNIFORM BUSINESS REPORT (UBR)

....NATURE:

FILED **DOCUMENT # N07789** May 18, 2000 8:00 am Secretary of State 1. Entity Nama FOXFIRE VILLAS I HOMEOWNERS ASSOCIATION, INC. 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 SO NAPLES FL 34104 NAPLES FL 34104-4753 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2641353 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **NEWELL, WILLIAM** 4148A CORPORATE SQ NAPLES FL 34104 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11, Delete Change Addition TIT! F TITLE THURLOW, SKIP. NAME NAME STREET ADDRESS STREET ADDRESS 302 KINGS WAY CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34104 PD Change ☐ Addition TITLE Delete TITLE NAME PAPPAS, CONNIE NAME STREET ADDRESS STREET ADDRESS 856 KINGS WAY CITY-SY-ZIP CITY-ST-ZIP NAPLES FL 34104 Delete TITLE Change Addition NAME ROBERTS, LEILANI NAME STREET ADDRESS 254 KINGS WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Addition ☐ Change TITLE ☐ Delete NAME WHITE, EARL STREET ADDRESS STREET ADDRESS **306 KINGS WAY** CITY-ST-ZIP CITY-ST-ZIE Naples FL 34104 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME VINCENT, WILLIAM NAME STREET ADDRESS STREET ADDRESS 950 KINGS WAY CITY-ST-ZIP CITY-ST-ZIF NAPLES FL Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST ZIP 12. I hereby certify that the information supplied with this filling 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 like empowered.

OFFICER OF DIRECTOR

643 4884

Daytime Phone #