

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90088 042 \*\*\*\*61.25

**DOCUMENT # N07789**

1. Entity Name

**FOXFIRE VILLAS I HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O NEWELL PROPERTY MANAGEMENT  
 4148 CORPORATE SQ  
 NAPLES FL 34104  
 US

C/O NEWELL PROPERTY MANAGEMENT  
 4148 CORPORATE SQ  
 NAPLES FL 34104  
 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	<del>D</del>	<input type="checkbox"/> Delete
NAME	<del>BISBROWE, GEORGE</del>	
STREET ADDRESS	<del>862 KINGS WAY</del>	
CITY-ST-ZIP	<del>NAPLES FL 34104</del>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LANGE, LOIS	
STREET ADDRESS	902 KINGS WAY	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	<del>STD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>ROBERTS, LEILANI</del>	
STREET ADDRESS	<del>254 KINGS WAY</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	<del>WHITE, EARL</del>	
STREET ADDRESS	<del>306 KINGS WAY</del>	
CITY-ST-ZIP	<del>NAPLES FL 34104</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VINCENT, WILLIAM	
STREET ADDRESS	950 KINGS WAY	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bisbrowe, George	
STREET ADDRESS	862 Kings Way	
CITY-ST-ZIP	Naples FL 34104	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bibeley, Robert	
STREET ADDRESS	650 Kings Way	
CITY-ST-ZIP	Naples FL 34104	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pappas, Connie	
STREET ADDRESS	85 Kings Way	
CITY-ST-ZIP	Naples FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Signature Required* **Lange** 2/14/02 941 643 4884

CR2E037 (9/01)