2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004
Secretary of State

DOCUMENT# N07789

Entity Name: FOXFIRE VILLAS I HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-2641353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWELL, WILLIAM
5435 JAEGAR RD #4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DISBROWE, GEORGE
Address: 754 KINGS WAY
City-St-Zip: NAPLES, FL 34184

Title: STD ( ) Delete
Name: LANGE, LOIS
Address: 902 KINGS WAY
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete
Name: GIBELEY, ROBERT
Address: 656 KINGS WAY
City-St-Zip: NAPLES, FL 34104

Title: PD ( ) Delete
Name: PAPPAS, CONSTANCE
Address: 856 KINGS WAY
City-St-Zip: NAPLES, FL 34104

Title: VD ( ) Delete
Name: VINCENT, WILLIAM
Address: 950 KINGS WAY
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CONSTANCE, PAPPAS
Address: 856 KINGS WAY
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: EKBERG, KEN
Address: 754 KINGS WAY
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONSTANCE PAPPAS PD 02/18/2004

Electronic Signature of Signing Officer or Director — Date