2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07789

FILED Mar 09, 2007 Secretary of State

Entity Name: FOXFIRE VILLAS I HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

New Mailing Address: Current Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete EKBERG, KEN Name: 754 KINGS WAY Address: City-St-Zip: NAPLES, FL 34104

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

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

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

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

(X) Change () Addition LANGE, DEAN Name: Address: 902 KINGS WAY City-St-Zip: NAPLES, FL 34104

Title: VD (X) Change () Addition

Name: PAPPAS, CONSTANCE Address: 856 KINGS WAY City-St-Zip: NAPLES, FL 34104

Title: STD (X) Change () Addition

HOAG, DOUG Name: Address: 430 KINGS WAY City-St-Zip: NAPLES, FL 34104

Title: (X) Change () Addition

Name: GIBELEY, ROBERT 656 KINGS WAY Address: City-St-Zip: NAPLES, FL 34104

Title: (X) Change () Addition

COLE, BRUCE Name: 424 KINGS WAY Address: City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DEAN LANGE PD 03/09/2007