


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90207 011 \*\*\*\*61.25

**DOCUMENT # N07789**

1. Entity Name  
**FOX FIRE VILLAS I HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

~~NEWELL, WILLIAM~~  
~~4148A CORPORATE SQ~~  
~~NAPLES FL 34104~~

**Newell, William**  
**5435 Jaeger Road #4**  
**Naples FL 34109**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William Newell      **WILLIAM NEWELL**      **4/7/03**  
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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DISBROWE, GEORGE</b>	
STREET ADDRESS	<b>862 KINGS WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>LANGE, LOIS</b>	
STREET ADDRESS	<b>902 KINGS WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GIBELEY, ROBERT</b>	
STREET ADDRESS	<b>656 KINGS WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PAPPAS, GONNIE CONSTANCE</b>	
STREET ADDRESS	<b>856 KINGS WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>VINCENT, WILLIAM</b>	
STREET ADDRESS	<b>950 KINGS WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EKBERG, Kenneth</b>	
STREET ADDRESS	<b>754 Kings Way</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Pappas, Constance</b>	
STREET ADDRESS	<b>856 Kings Way</b>	
CITY-ST-ZIP	<b>Naples FL 34104</b>	
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 Required      **Signature Required**      **2/16/03**      **239-784-7726**  
Signature, typed or printed name of signing officer or director      Date      Printing Phone #

CR2E037 (10/02)