

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90246 019 \*\*\*\*61.25

<b>DOCUMENT # N09417</b> 1. Entity Name <b>FOX FIRE CONDOMINIUM I ASSOCIATION, INC.</b>					
Principal Place of Business <b>1719 TRADE CENTER WAY #4 NAPLES, FL 34109 US</b>			Mailing Address <b>PO BOX 8478 NAPLES, FL 34104 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<b>40051000</b>  	
City & State		City & State		01312008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2641347</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>WINKLER, NANCY SANDCASTLE COMMUNITY MGMT., INC. 1719 TRADE CENTER WAY, #4 NAPLES, FL 34109</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <i>Nancy Winkler, Agent</i> <span style="float: right;">4-23-08</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, FORREST 110 FOXTAIL CT NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. EDWARD HESS 208 FOXTAIL CT NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNETTA, LOUISE M 206 FOXTAIL CRT NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHN B. DIONNE 316 FOXTAIL CT NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWEN, SYDNEY 324 FOXTAIL CT NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN L. PARTYKA 312 FOXTAIL CT NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COONEY, E. ROBERT 220 FOXTAIL COURT NAPLES, FL 34104	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTO MOREY, WILLIAM 120 FOXTAIL CT NAPLES, FL 34104	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder 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: <i>William R Morey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/29/08 <small>Date Daytime Phone #</small>	