2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N09417

Entity Name: FOXFIRE CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business:

1719 TRADE CENTER WAY
#4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8478
NAPLES, FL 34104 US

New Mailing Address:

PO BOX 8478
NAPLES, FL 34101 US

FEI Number: 59-2641347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINKLER, NANCY
SANDCASTLE COMMUNITY MGMT., INC.
1719 TRADE CENTER WAY, #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: HESS, EDWARD
Address: 208 FOXTAIL CT
City-St-Zip: NAPLES, FL 34104

Title: SD ( ) Delete
Name: DIONNE, JOHN B
Address: 316 FOXTAIL CT
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete
Name: PARTYKA, JOHN L
Address: 312 FOXTRAIL CT
City-St-Zip: NAPLES, FL 34104

Title: VD ( ) Delete
Name: COONEY, ROBERT E
Address: 220 FOXTAIL COURT
City-St-Zip: NAPLES, FL 34104

Title: PTD ( ) Delete
Name: MOREY, WILLIAM
Address: 120 FOXTAIL CT
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: PARTYKA, JOHN L
Address: 312 FOXTAIL CT
City-St-Zip: NAPLES, FL 34104

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

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM MOREY PTD 03/04/2009
Electronic Signature of Signing Officer or Director — Date