

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09417

FILED  
Apr 05, 2012  
Secretary of State

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:

400 BUILDING AT PARK CENTRAL NORTH #412  
NAPLES, FL 34109 US

## Current Mailing Address:

1719 TRADE CENTER WAY  
#4  
NAPLES, FL 34109 US

## New Mailing Address:

400 BUILDING AT PARK CENTRAL NORTH #412  
NAPLES, FL 34109 US

FEI Number: 59-2641347

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUTZ, VERNA  
SANDCASTLE COMMUNITY MGMT.  
1719 TRADE CENTER WAY, #4  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

MESSINGER, JOEL  
SANDCASTLE COMMUNITY MGMT.  
400 BUILDING AT PARK CENTRAL NORTH #412  
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: JOEL MESSINGER

04/05/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD  
Name: FITTON, DAVID  
Address: 400 BUILDING AT PARK CENTRAL NORTH #412  
City-St-Zip: NAPLES, FL 34109

Title: TD  
Name: BILLS, KENNETH  
Address: 400 BUILDING AT PARK CENTRAL NORTH #412  
City-St-Zip: NAPLES, FL 34109

Title: D  
Name: PARTYKA, JOHN L  
Address: 400 BUILDING AT PARK CENTRAL NORTH #412  
City-St-Zip: NAPLES, FL 34109

Title: VPD  
Name: COONEY, ROBERT E  
Address: 400 BUILDING AT PARK CENTRAL NORTH #412  
City-St-Zip: NAPLES, FL 34109

Title: PD  
Name: MOREY, WILLIAM  
Address: 400 BUILDING AT PARK CENTRAL NORTH #412  
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM MOREY

PD

04/05/2012

Electronic Signature of Signing Officer or Director

Date