

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90110 020 ****61.25

DOCUMENT # N09638

1. Entity Name
FOX HAVEN OF FOXFIRE CONDOMINIUM II
ASSOCIATION, INC.



40101681 **FILED**



Principal Place of Business
BAYVIEW PROPERTY MGMT
4600 ENTERPRISE AVE STE A
NAPLES, FL 34104 US

Mailing Address
BAYVIEW PROPERTY MGMT
4600 ENTERPRISE AVE STE A
NAPLES, FL 34104 US

2. Principal Place of Business - No P.O. Box #
c/o Resort Management
2685 Horseshoe Dr. S. #215
Naples, FL
34104 US

3. Mailing Address
c/o Resort Management
2685 Horseshoe Dr. S. #215
Naples, FL
34104 US

04132007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2646032

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
WRIGHT, RUSSELL
4600 ENTERPRISE AVE, STE A
NAPLES, FL 34104

7. Name and Address of New Registered Agent
Name Beverly Levine
Street Address (P.O. Box Number is Not Acceptable) 440 Fox Haven Dr #2306
City Naples FL Zip Code 34104

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 Beverly Levine Beverly Levine 04-27-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULBERTSON, GENE 440 FOXHAVEN DRIVE # 2302 NAPLES, FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ESHERICK, MARY LOU 440 FOXHAVEN DR., #2203 NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVINE, BEVERLY 440 FOXHAVEN DRIVE #2306 NAPLES, FL 34104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Culbertson, Eugene 440 Foxhaven Drive #2302 Naples, FL 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lapieta, James 440 Foxhaven Drive #2104 Naples, FL 34104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Beverly Levine Beverly Levine 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #