

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09638

FILED  
Apr 14, 2011  
Secretary of State

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

**Current Principal Place of Business:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR. S. #215  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR. S. #215  
NAPLES, FL 34104 US

**New Mailing Address:**

**FEI Number:** 59-2646032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAZZABONI, ALFRED  
440 FOXHOVEN DRIVE #2301  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

LAW OFFICE OF JAMIE GREUSEL  
1104 N. COLLIER BLVD  
MARCO ISLAND, FL 34145 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:** JAMIE GREUSEL

04/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** T  
**Name:** CULBERTSON, EUGENE  
**Address:** 440 FOXHAVEN DRIVE # 2302  
**City-St-Zip:** NAPLES, FL 34104

**Title:** P  
**Name:** SHAVER, RAY  
**Address:** 2665 RAINBOW DRIVE  
**City-St-Zip:** TROY, MI 48083

**Title:** S  
**Name:** FORREST, WAYNE  
**Address:** 440 FOXHAVEN DRIVE # 2209  
**City-St-Zip:** NAPLES, FL 34104

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:** RAY SHAVER

P

04/14/2011

Electronic Signature of Signing Officer or Director

Date