

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90051 033 ****61.25

DOCUMENT # N10471

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



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~~

4006100



2. Principal Place of Business, No P.O. Box #
c/o Resort Mgmt
Suite, Apt. #, etc.
2685 Horseshoe Dr. S. # 215

3. Mailing Address
c/o Resort Mgmt
Suite, Apt. #, etc.
2685 Horseshoe Dr. S. # 215

04122007 Chg-NP CR2E037 (12/06)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
59-2672807
Applied For
Not Applicable

Zip
34104 Country
US

Zip
34104 Country
US

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

6. Name and Address of Current Registered Agent

WRIGHT, RUSSELL J
4600 ENTERPRISE AVE
STE A
NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *Julius Ewen* JULIUS EWEN PRES. 4/12/07
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	TD	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY - ST - ZIP	EWEN, JULIUS 400 FOXHAVEN DRIVE #4206 NAPLES, FL 34104	
NAME STREET ADDRESS CITY - ST - ZIP	VPD BEZAK, JOHN 400 FOXHAVEN DR # 4104 NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete
NAME STREET ADDRESS CITY - ST - ZIP	PD DETTMAN, JAMES 400 FOXHAVEN DR #4204 NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete
NAME STREET ADDRESS CITY - ST - ZIP	SD MAGRONE, MICHAEL 400 FOXHAVEN DR #4310 NAPLES, FL 34104	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	DP EWEN, Julius	400 Foxhaven Drive #4308	Naples, FL 34104	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	DS Harris, Robert	400 Foxhaven Drive #4201	Naples, FL 34104	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	DVP			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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: *Julius Ewen* JULIUS EWEN, PRES. 4/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #