2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # N10471 1. Entity Name FOX HAVEN OF FOXFIRE CONDOMINIUM IV ASSOCIATION, INC.				4	05-01-200	8 90202 002 ***	*61.25
Principal Place of Business %RESORT MGMT 2685 HORSESHOE DR S #215 NAPLES, FL 34104 US Mailing Address %RESORT MGMT 2685 HORSESHOE DR S # NAPLES, FL 34104 US			5 #215 US				T 64 16T
Principal Place of Business - No P.O. Box # Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		g-NP	CR2E037 (12/06)	
City & State		City & State	City & State		7		plied For
Zip	Country	Zip	Country	5. Certificate of Sta	itus Desired	\$8.75 Add	litional
	6. Name and Address of Curren	t Registered Agent	· 1 ·	7. Name and Add	ess of New Re	egistered Agent	
WRIGHT, RUSSELL.				Julius Exper			
4600 ENTERPRISE AVE			Street Addre	ess (P.O. Box Number is N	lot Acceptable)	
NAPLES, PL 34104				Foxhouler	n Da	12#43	28
			City	laples		FL Zip Coo	104
	named entity submits this statement for sof registered agent.	or the purpose of changing its r	egistered office or regi	istered agent, or both, in	ne State of Flo	rida. I am familiar with,	and accept
ine obligati							
		T.1	2 T	0-2-1	. /	/ /	
SIGNATURE _	Julius C	ha Juli	is Ewer	n Preside	A g	4/14/08	
SIGNATURE _	Signature, typed or printed name of registered ager		W. EWLY Registered Agent signature requ	QUIPE WHEN FENSIATING)	nt g	4/14/08	
SIGNATURE _	Julius C	nt and little if applicable (NOTE:	Registered Agent signature regions	spured when reinstating) \$5.00 May Be Added to Fees		Dyk Dake check payable to da Department of Si	
SIGNATURE _	Signature. Typed or printed name of registered ager	9. Election Cam Trust Fund Co	Registered Agent signature regions	\$5.00 May Be Added to Fees	Flori		ate
SIGNATURE _	Signature. Typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	Registered Agent signature required paign Financing ontribution.	\$5.00 May Be Added to Fees	Flori	da Department of Si	ate
SIGNATURE _ 10. TITLE NAME STREET ADDRESS	Signature. Typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND D DP EWEN, JULIUS 400 FOXHAVEN DRIVE #4308	9. Election Cam Trust Fund Co	Pagestered Agent signature red paign Financing pontribution. 11. IffLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	da Department of Si	10
SIGNATURE _ 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature. Typed or printed name of registered ager Filing Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND D DP EWEN, JULIUS 400 FOXHAVEN DRIVE #4308 NAPLES, FL 34104 DVP MAGRONE, MICHAEL 400 FOXHAVEN DR #4310 NAPLES, FL 34104	9. Election Cam Trust Fund Co	Pagistered Agent signature red paign Financing ontribution. 11. HITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	da Department of SI RS AND DIRECTORS IN Change	10 Addition
SIGNATURE _ 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature. Typed or printed name of registered ager Filing Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND D DP EWEN, JULIUS 400 FOXHAVEN DRIVE #4308 NAPLES, FL 34104 DVP MAGRONE, MICHAEL 400 FOXHAVEN DR #4310 NAPLES, FL 34104 DS HARRIS, ROBERT 400 FOXHAVEN DRIVE #4201	9. Élection Cam Trust Fund Ca IRECTORS Delete	Pagistered Agent signature red paign Financing ontribution. 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flori	da Department of Si	10 Addition

14.54

12. Thereby 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 truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

4/14/08 Date

Daytime Pnone #

☐ Change

Addition