

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10471

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

%RESORT MGMT
2685 HORSESHOE DR S #215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

%RESORT MGMT
2685 HORSESHOE DR S #215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2672807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVIEN, JULIUS
400 FOXHAVEN DRIVE #4308
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

EWEN, JULIUS
400 FOXHAVEN DRIVE #4308
NAPLES, FL 34104 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: JULIUS EWEN

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: EWEN, JULIUS
Address: 400 FOXHAVEN DRIVE #4308
City-St-Zip: NAPLES, FL 34104

Title: DVP () Delete
Name: MAGRONE, MICHAEL
Address: 400 FOXHAVEN DR #4310
City-St-Zip: NAPLES, FL 34104

Title: DS () Delete
Name: HARRIS, ROBERT
Address: 400 FOXHAVEN DRIVE #4201
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: HARRIS, ROBERT
Address: 400 FOXHAVEN DRIVE #4201
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JULIUS EWEN

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04/15/2009

Electronic Signature of Signing Officer or Director

Date