

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10471

**FILED**  
**Apr 03, 2010**  
**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:**

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

Title: DST  
Name: BEZAK, JOHN  
Address: 400 FOXHAVEN DRIVE #4104  
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: JULIUS EWEN

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04/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date