

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10471

FILED
Mar 15, 2012
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:

LAW OFFICE OF JAMIE GREUSEL
1104 N. COLLIER BLVD
MARCO ISLAND, FL 34145 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: P
Name: EWEN, JULIUS
Address: 400 FOXHAVEN DRIVE #4308
City-St-Zip: NAPLES, FL 34104

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

Title: D
Name: BEZAK, JOHN
Address: 400 FOXHAVEN DRIVE #4104
City-St-Zip: NAPLES, FL 34104

Title: S
Name: FULLERTON, FRANK
Address: 20 LONGWOOD TERR.
City-St-Zip: NORWOOD, MA 02062

Title: T
Name: SANTOS, JAMES
Address: 400 FOXHAVEN DRIVE #4206
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

P

03/15/2012

Electronic Signature of Signing Officer or Director

_____ Date