


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90065 031 ****61.25

DOCUMENT # N12235					
1. Entity Name FOX HAVEN OF FOXFIRE CONDOMINIUM III 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2778990	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WRIGHT, RUSSELL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALOTTKI, JAMES		NAME		
STREET ADDRESS	420 FOXHAVEN DR 3308		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	OALD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBALL, MALCOLM		NAME		
STREET ADDRESS	420 FOXHAVEN DR #3203		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP		
TITLE	VP/D	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGRONE, MICHAEL		NAME	BERGNER, ROBERT	
STREET ADDRESS	420 FOXHAVEN DR #3105		STREET ADDRESS	420 Foxhaven Drive #3303	
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP	Naples, FL 34104	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROCK, GENE		NAME	BROWN, WADE	
STREET ADDRESS	420 FOXHAVEN DR. #3106		STREET ADDRESS	420 Foxhaven Drive # 3201	
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP	Naples, FL 34104	
TITLE	OALD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISALVO, LOU		NAME		
STREET ADDRESS	420 FOX HAVEN DRIVE #3301		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>James Malotki</i>			326-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		