


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90089 039 ****61.25

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| DOCUMENT # N12235 |  |
| 1. Entity Name FOX HAVEN OF FOXFIRE CONDOMINIUM III ASSOCIATION, INC. | |

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| 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 |
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| 2. Principal Place of Business - No P.O. Box # cp Resort Management 2685 Horseshoe Dr. S. #215 Naples, FL 34104 US | 3. Mailing Address cp Resort Management 2685 Horseshoe Dr. S. #215 Naples, FL 34104 US |
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03162007 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 59-2778990 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WRIGHT, RUSSELL 4600 ENTERPRISE AVE, STE A NAPLES, FL 34104 | |
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| 7. Name and Address of New Registered Agent Name LUCIEN DiSalvo Street Address (P.O. Box Number is Not Acceptable) 420 Foxhaven Dr. #3301 City Naples FL Zip Code 34104 | |
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| 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 Lucien Di Salvo Lucien Di Salvo Pres. 04/19/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | |
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| Filing Fee is \$61.25 Due by May 1, 2007 | 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MALOTTKI, JAMES 420 FOXHAVEN DR 3308 NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Razzaboni, Anthony 420 Foxhaven Dr. #3304 NAPLES, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, MARGARET 420 FOXHAVEN DR, #3105 NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DiSalvo, Lucien 420 Foxhaven Dr. #3301 NAPLES, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BERENER, ROBERT 420 FOXHAVEN DRIVE #3303 NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Tibino Sr., William 420 Foxhaven Dr. #3307 NAPLES, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BROWN, WADE 420 FOXHAVEN DRIVE #3201 NAPLES, FL 34104 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Brown, Wade 420 Foxhaven Dr. #3201 NAPLES, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CARSONE, ANTHONY 420 FOX HAVEN DRIVE #3106 NAPLES, FL 34104 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Carson, Anthony 420 Foxhaven Dr. #3106 NAPLES, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby 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 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: Lucien Di Salvo Lucien Di Salvo Pres. 04/19/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | |
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