2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

ſ	DOCLI	MENT # N112235		THE STATE OF THE S	0.5	5-02-2007 90089	039 ****6	1.25
DOCUMENT # N12235 1. Entity Name FOX HAVEN OF FOXFIRE CONDOMINIUM III ASSOCIATION, INC.				1 .				
	4600 ENTER	e of Business DPERTY MGMT PRISE AVE. STETA 34104—US	Mailing Address BAYVIEW PROPERTY MGM 4600 ENTERPRISE AVE. S NAPLES, FL-34104 US	STE A	40100			
	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address F+	Monagement				
	Suite Apt.	HOSeshoe Dr. S. #25	2685 Horsesh	DE Dr.S.#215		g-NP CR2E	037 (12/06)	- Facility
	City & State	es, FL.	Movies, F	7.	4. FEI Number 59-2778990)	<u> </u>	plied For t Applicable
ŀ	Zip 7U	104 Country	Zip 3410H	Country C	5. Certificate of Sta	tus Desired	\$8.75 Add Fee Required	
ŀ	-7-1	6. Name and Address of Current R	legistered Agent		7. Name and Addr	ess of New Registered	d Agent	
	WRIGHT, I			Name	JCILM (P.O. Box Number is N	of Acceptable))	
4600 ENTERPRISE AVE, STE A NAPLES, FL 34104			1100	1. 1.0. 10	<u> </u>	2224	1	
ŀ			7	40()	FOXIQUE	(1 DV, #	330	/
ŀ	•			City NO	2012S	F	L 2 32	1104
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 Succious 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 Succious Supplies 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.								
	the obligat	ions al registered agent. Sucium Di Sal	se Lucie	20: SA	Lvo Pa	es. ou	119107	and accept
	the obligat	ions of registered agent.	se Lucie	~ . ~	Lvo Pa		119107	and accept
	the obligat	ions al registered agent. Sucium Di Sal	se Lucie	egistered Agent signature require	Lvo Pa	DATE Make che	119107	
	the obligat	Signature, typed or printed name of registered agent ar Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRI	nd title if applicable. (NOTE: Re 9. Election Campa Trust Fund Con	egistered Agent signature require larger Financing Intribution.	bd when reinstaturg) \$5.00 May Be	Make che Florida Dep	ck payable to artment of St	ate
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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.

STREET ADORESS

CITY-ST-ZIP

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NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DALVO Lucien'

Paes.

04/19/07

Daytime Phone #