


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90188 022 ****61.25

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

60035905



Principal Place of Business C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S #25 NAPLES, FL 34104 US	Mailing Address C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S #25 NAPLES, FL 34104 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04012008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2778990

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent DISALVO, LUCIEN 420 FOXHAVEN DR. #3301 NAPLES, FL 34104
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7. Name and Address of New Registered Agent Name Alfred Razzaboni Street Address (P.O. Box Number is Not Acceptable) 420 Foxhaven Drive #3304 City Naples FL Zip Code 34104

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 **Alfred R. Razzaboni** **4/29/08** **Director**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	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		
TITLE	S	<input type="checkbox"/> Delete
NAME	RAZZABONI, ANTHONY	
STREET ADDRESS	420 FOXHAVEN DR. #3304	
CITY - ST - ZIP	NAPLES, FL 34104	
TITLE	P	<input type="checkbox"/> Delete
NAME	DISALVO, LUCIEN	
STREET ADDRESS	420 FOXHAVEN DR. #3301	
CITY - ST - ZIP	NAPLES, FL 34104	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ALBINO, WILLIAM SR	
STREET ADDRESS	420 FOXHAVEN DR. #3307	
CITY - ST - ZIP	NAPLES, FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, WADE	
STREET ADDRESS	420 FOXHAVEN DRIVE #3201	
CITY - ST - ZIP	NAPLES, FL 34104	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARSONE, ANTHONY	
STREET ADDRESS	420 FOX HAVEN DRIVE #3106	
CITY - ST - ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Malottki, James	
STREET ADDRESS	420 Foxhaven Drive #3308	
CITY - ST - ZIP	Naples, FL 34104	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: **Alfred R. Razzaboni** **4/29/08** **Director**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Alfred Razzaboni