

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12864

FILED
Mar 09, 2007
Secretary of State

Entity Name: FOXFIRE VILLAS II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-2783809 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM
5435 JAEGER RD., #4
NAPLES, FL 34109 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: PD () Delete
Name: CIERI, ROBERT
Address: 143 FOXGLEN DRIVE
City-St-Zip: NAPLES, FL 34104

Title: SD () Delete
Name: HAVARD, BETTY
Address: 107 FOXGLEN DRIVE
City-St-Zip: NAPLES, FL 34104

Title: TD () Delete
Name: KAVANGH, BERNARD
Address: 119 FOXGLEN DRIVE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: FREDELL, GARY
Address: 121 FOXGLEN DRIVE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: MILLS, PETER
Address: 136 FOXGLEN DRIVE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLS, PETER
Address: 136 FOXGLEN DRIVE
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HEIER, JEFFREY
Address: 162 FOXGLEN DRIVE
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PETER MILLS

PD

03/09/2007

Electronic Signature of Signing Officer or Director

_____ Date