

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12925

FILED
Jan 19, 2009
Secretary of State

Entity Name: FOXFIRE CONDOMINIUM II ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2780129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM
5435 JAEGER ROAD, #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: MCCLAY, LEONARD
Address: 720 FOXTAIL COURT
City-St-Zip: NAPLES, FL 34104

Title: VD () Delete
Name: SCHWEIGER, DONALD
Address: 504 FOXTAIL COURT
City-St-Zip: NAPLES, FL 34104

Title: STD () Delete
Name: VELOSKY, MICHAEL
Address: 404 FOXTAIL COURT
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: CAMPBELL, JAMES
Address: 722 FOXTAIL COURT
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: DESJARDINS, THOMAS
Address: 702 FOXTAIL COURT
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: DESJARDINS, THOMAS
Address: 706 FOXTAIL COURT
City-St-Zip: NAPLES, FL 34104

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

Title: D (X) Change () Addition
Name: DELSIGNORE, MARY
Address: 602 FOXTAIL COURT
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify 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: LEONARD MCCLAY

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date