


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90250 050 \*\*\*\*61.25

<b>DOCUMENT # N13480</b>	
1. Entity Name <b>THE VILLAGE AT FOXWOOD CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>135 W. PINEVIEW STREET ALTAMONTE SP., FL 32714</b>	Mailing Address <b>135 W. PINEVIEW STREET ALTAMONTE SP., FL 32714</b>
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**60034901**



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04202006 Chg-NP CR2E037 (11/05)

City & State	City & State
Zip	Country

4. FEI Number <b>59-2907771</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GUARDAGNINO, ANTHONY PRESIDENTIAL GROUP SOUTH 135 W. PINEVIEW STREET ALTAMONTE SP., FL 32714</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEINKE, JAMES 3384 GRAY FOX COVE APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILOCH, RICHARD 3333 GRAY FOX COVE APOPKA, FL 32703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO CAROL BAYER <input checked="" type="checkbox"/> Addition 3400 GRAY FOX COVE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNER, BILL 3405 GRAY FOX COVE APOPKA, FL 32703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVID DUCK WORTH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3405 GRAY FOX COVE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAPONI, HOLLY 3365 GRAY FOX COVE APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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

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: <u>James M Steinke Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/21/06</u> <small>Date</small>	<u>407 682 3355</u> <small>Daytime Phone #</small>
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