

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13480

**FILED**  
**Aug 13, 2010**  
**Secretary of State**

**Entity Name:** THE VILLAGE AT FOXWOOD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1122 AYRSHIRE STREET  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

1122 AYRSHIRE STREET  
ORLANDO, FL 32803 US

**New Mailing Address:**

PO BOX 350279  
PALM COAST, FL 32135 US

**FEI Number:** 59-2907771

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAREY, JUDI  
J. CAREY PROPERTIES, INC.  
1122 AYRSHIRE STREET  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

CAREY, JUDI  
1122 AYRSHIRE STREET  
ORLANDO, FL 32803 US

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:

08/13/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: STEINKE, JAMES  
Address: PO BOX 350279  
City-St-Zip: PALM COAST, FL 32135

Title: D  
Name: MARIANI, JOANNE  
Address: PO BOX 350279  
City-St-Zip: PALM COAST, FL 32135

Title: TD  
Name: DUCKWORTH, DAVID  
Address: PO BOX 350279  
City-St-Zip: PALM COAST, FL 32135

Title: SD  
Name: CAPPONI, HOLLY  
Address: PO BOX 350279  
City-St-Zip: PALM COAST, FL 32135

Title: PD  
Name: STEINKE, GIL  
Address: PO BOX 350279  
City-St-Zip: PALM COAST, FL 32135

I hereby 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 all other like empowered.

SIGNATURE: JUDI CAREY

AGT

08/13/2010

Electronic Signature of Signing Officer or Director

Date