2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N14876

1. Entity Name
FOXWOOD LAKE ESTATES SOCIAL CLUB, INC.

FILED
06 Jun 05 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% JOSEPH G. HERN, JR. 5300 S FLORIDA AVE P O BOX 5378 LAKELAND, FL 33807-2378	% JOSEPH G. HERN, JR. 5300 S FLORIDA AVE P O BOX 5378 LAKELAND, FL 33807-2378

05242006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
4648 FOXWOOD BLVD	4648 FOXWOOD BLVD
Suite, Apt. #, etc. UNIT 902	Suite, Apt. #, etc. UNIT 902
City & State LAKELAND, FL	City & State LAKELAND FL
Zip 33810 Country POLK	Zip 33810 Country POLK

4. FEI Number
59-2384268
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, BERT
5038 FOXWOOD BLVD.
LAKELAND, FL 33810

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 300076158493 06/13/06 01047-003 **61.25
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 September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SARVER, CARL B 4982 DEERWOOD DR. LAKELAND, FL 33810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JR 6/5 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SHACKELTON, LOLA 1546 HEATHER HILL DR. LAKELAND, FL 33810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SMITH, JOYCE 1587 LONGBOW DR. LAKELAND, FL 33810	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.S. PATRICIA MANGUM 4989 FOXWOOD LAKE DRIVE LAKELAND, FL 33810 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BRYAN, FRANK 1680 FOXWAY DR. LAKELAND, FL 33810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: TREAS FRANK B BRYAN 5/26/06 863 859 4323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #