

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90043 014 ****61.25

DOCUMENT # N14876	
1. Entity Name FOXWOOD LAKE ESTATES SOCIAL CLUB, INC.	

Principal Place of Business 4848 FOXWOOD BLVD UNIT 902 LAKELAND FL 33810	Mailing Address 4848 FOXWOOD BLVD UNIT 902 LAKELAND FL 33810
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E037 (10/06)

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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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	☐ 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 MANGUM, PATRICIA 4848 FOXWOOD BLVD LAKELAND FL 33810 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.S. ENGEL, ARLENE 1586 HEATHER HILL DR. 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 Section 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:  **FRANK B. BRYAN** **JAN 29, 2007 (863) 859-4323**