

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90019 016 ****61.25

DOCUMENT # N14876 1. Entity Name FOXWOOD LAKE ESTATES SOCIAL CLUB, INC.					
Principal Place of Business 4848 FOXWOOD BLVD UNIT 902 LAKE LAND, FL 33810			Mailing Address 4848 FOXWOOD BLVD UNIT 902 LAKE LAND, FL 33810		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01112008 Chg-NP CR2E037 (12/06)	
Zip		Country		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. LAKE LAND, 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 _____ 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 May 1, 2008		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	P	☒ Delete	TITLE	P	☒ Change ☐ Addition
NAME	SARVER, CARL B		NAME	Lola Shackelton	
STREET ADDRESS	4982 DEERWOOD DR.		STREET ADDRESS	1546 Heather Hill Dr	
CITY-ST-ZIP	LAKE LAND, FL 33810		CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	DVP	☒ Delete	TITLE	DVP	☒ Change ☐ Addition
NAME	SHACKELTON, LOLA		NAME	Ron Humphrey	
STREET ADDRESS	1546 HEATHER HILL DR.		STREET ADDRESS	1632 Foxway Dr	
CITY-ST-ZIP	LAKE LAND, FL 33810		CITY-ST-ZIP	Lakeland FL 33810	
TITLE	DS	☒ Delete	TITLE	DS	☒ Change ☐ Addition
NAME	ENGEL, ARLENE		NAME	Gertrude LaBarre	
STREET ADDRESS	1586 HEATHER HILL DR		STREET ADDRESS	4930 Deerwood Dr	
CITY-ST-ZIP	LAKE LAND, FL 33810		CITY-ST-ZIP	Lakeland FL 33810	
TITLE	DT	☐ Delete	TITLE	DT FRANK BRYAN	☒ Change ☐ Addition
NAME	BRYAN, FRANK		NAME	1680 FOXWAY DRIVE	
STREET ADDRESS	1680 FOXWAY DR.		STREET ADDRESS	LAKE LAND, FL 33810	
CITY-ST-ZIP	LAKE LAND, FL 33810		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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		FRANK B BRYAN		1/12/08 863 8594323	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	