2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N14876

Entity Name: FOXWOOD LAKE ESTATES SOCIAL CLUB, INC.

Current Principal Place of Business:

4848 FOXWOOD BLVD
UNIT 902
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

4848 FOXWOOD BLVD
UNIT 902
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 59-2384268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, BERT
5038 FOXWOOD BLVD.
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

SHACKELTON, LOLA P
1546 HEATHER HILL DR
LAKELAND, FL 33810 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: LOLA SHACKELTON 02/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHACKELTON, LOLA
Address: 1546 HEATHER HILL DR
City-St-Zip: LAKELAND, FL 33810

Title: DVP ( ) Delete
Name: HUMPHREY, RON
Address: 1632 FOXWAY DR
City-St-Zip: LAKELAND, FL 33810

Title: DS ( ) Delete
Name: LABARRE, GERTRUDE
Address: 4930 DEERWOOD DR
City-St-Zip: LAKELAND, FL 33810

Title: DT ( ) Delete
Name: BRYAN, FRANK
Address: 1680 FOXWAY DR.
City-St-Zip: GIBSON, GA 30810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change ( ) Addition
Name: KERSTETTER, BRENDA DVP
Address: 1816 QUAIL HILL DR.
City-St-Zip: LAKELAND, FL 33810

Title: DS (X) Change ( ) Addition
Name: LABARRE, GERTRUDE DS
Address: 4930 DEERWOOD DR
City-St-Zip: LAKELAND, FL 33810

Title: DT (X) Change ( ) Addition
Name: KRAHENBUHL, MARY JO DT
Address: 5007 FOX CLIFF DR
City-St-Zip: LAKELAND, FA 33810

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOLA SHACKELTON P 02/26/2009
Electronic Signature of Signing Officer or Director Date