

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14896

FILED  
Jan 06, 2006  
Secretary of State

**Entity Name:** FOXWOOD OF FOXFIRE CONDOMINIUM I ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O NEWELL PROPERTY MANAGEMENT  
5435 JAEGER RD. #4  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NEWELL PROPERTY MANAGEMENT  
5435 JAEGER RD. #4  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 59-2688415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWELL, WILLIAM  
5435 JAEGER ROAD #4  
NAPLES, FL 34109 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HEIDEMANN, MARLENE  
Address: 219 FOXGLEN DRIVE #1204  
City-St-Zip: NAPLES, FL 34104

Title: VD ( ) Delete  
Name: STROUD, MARGIE  
Address: 219 FOXGLEN DRIVE #1309  
City-St-Zip: NAPLES, FL 34104

Title: TD ( ) Delete  
Name: KRITKAUSKY, MICHAEL  
Address: 219 FOXGLEN DRIVE #1307  
City-St-Zip: NAPLES, FL 34104

Title: SD (X) Delete  
Name: CLARK, JOHN  
Address: 219 FOXGLEN DRIVE #1205  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: STROUD, MARGIE  
Address: 219 FOXGLEN DRIVE #1309  
City-St-Zip: NAPLES, FL 34104

Title: VD (X) Change ( ) Addition  
Name: CLARK, JOHN  
Address: 219 FOXGLEN DRIVE #1205  
City-St-Zip: NAPLES, FL 34104

Title: STD (X) Change ( ) Addition  
Name: KRITKAUSKY, MICHAEL  
Address: 219 FOXGLEN DRIVE #1307  
City-St-Zip: NAPLES, FL 34104

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGIE STROUD

PD

01/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date