

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14896

FILED
Jan 20, 2009
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: CLARK, JOHN
Address: 219 FOXGLEN DRIVE #1205
City-St-Zip: NAPLES, FL 34104

Title: TD () Delete
Name: SULLIVAN, RICHARD
Address: 219 FOXGLEN DRIVE #1206
City-St-Zip: NAPLES, FL 34104

Title: VD () Delete
Name: KIRCHSCHLAGER, ROBERT
Address: 219 FOXGLEN DRIVE #1305
City-St-Zip: NAPLES, FL 34104

Title: SD () Delete
Name: PUGLIESE, DOROTHY
Address: 219 FOXGLEN DRIVE #1207
City-St-Zip: NAPLES, FL 34104

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change () Addition
Name: MASON, RON
Address: 219 FOXGLEN DRIVE #1108
City-St-Zip: NAPLES, FL 34104

Title: D () Change (X) Addition
Name: MCCORMACK, JOHN
Address: 219 FOXGLEN DRIVE #1208
City-St-Zip: NAPLES, FL 34104

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: JOHN CLARK

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date