

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15178

FILED  
Feb 21, 2008  
Secretary of State

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

**Current Principal Place of Business:**

5435 JAEGER RD. #4  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

5435 JAEGER RD. #4  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:** 59-2708443

**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: CROSS, JOHN  
Address: 221 FOXGLEN DRIVE  
City-St-Zip: NAPLES, FL 34104

Title: SD ( ) Delete  
Name: DOWSLEY, PHYLLIS  
Address: 221 FOXGLEN DRIVE #2306  
City-St-Zip: NAPLES, FL 34104

Title: TD ( ) Delete  
Name: MORELAND, CARL  
Address: 221 FOXGLEN DRIVE #2206  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: DUPREE, DON  
Address: 221 FOXGLEN DRIVE #2309  
City-St-Zip: NAPLES, FL 34104

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

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 CROSS

PD

02/21/2008

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

\_\_\_\_\_  
Date