

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90202 027 ****61.25

DOCUMENT # N18657

1. Entity Name
FOX CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
% NEWELL PROPERTY MANAGEMENT CORP.
5435 JAEGER RD. #4
NAPLES, FL 34109 US

Mailing Address
% NEWELL PROPERTY MANAGEMENT CORP.
5435 JAEGER RD. #4
NAPLES, FL 34109 US

40089398



2. Principal Place of Business - No P.O. Box #
c/o Resort Management
2685 Horseshoe Dr. S. #215
Naples, FL
34104 Collier

3. Mailing Address
c/o Resort Management
2685 Horseshoe Dr. S. #215
Naples, FL
34104 Collier

04012008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0013336

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NEWELL, WILLIAM
5435 JAEGER ROAD #4
NAPLES, FL 34109

7. Name and Address of New Registered Agent
Name: Daniel Hershberger
Street Address (P.O. Box Number is Not Acceptable): 194 Foxglen Drive
City: Naples FL Zip Code: 34104

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: Daniel Hershberger Treas. 4/29/08
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 NAME STREET ADDRESS CITY - ST - ZIP | PD CLEMENTS, RICHARD 215 FOXGLEN DRIVE NAPLES, FL 34104 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD ODEN, LOUIS 194 FOXGLEN DRIVE NAPLES, FL 34104 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD WOLFORD, BRYCE 184 FOXGLEN DRIVE NAPLES, FL 34104 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D REED, JOE 205 FOXGLEN DRIVE NAPLES, FL 34104 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HERSBERGER, DANIEL 191 FOXGLEN DRIVE NAPLES, FL 34104 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Daniel Hershberger Treas. 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Daniel Hershberger