

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18657

FILED
Apr 15, 2009
Secretary of State

Entity Name: FOX CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MGMT
2685 HORSESHOE DR S #215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MGMT
2685 HORSESHOE DR S #215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0013336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERSHBERGER, DANIEL
191 FOXGLEN DR
NAPLES, FL 34104 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: CLEMENTS, RICHARD
Address: 215 FOXGLEN DRIVE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: ODEN, LOUIS
Address: 194 FOXGLEN DRIVE
City-St-Zip: NAPLES, FL 34104

Title: V () Delete
Name: WOLFORD, BRYCE
Address: 184 FOXGLEN DRIVE
City-St-Zip: NAPLES, FL 34104

Title: S () Delete
Name: REED, JOE
Address: 205 FOXGLEN DRIVE
City-St-Zip: NAPLES, FL 34104

Title: T () Delete
Name: HERSBERGER, DANIEL
Address: 191 FOXGLEN DRIVE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLEMENTS, RICHARD
Address: 215 FOXGLEN DRIVE
City-St-Zip: NAPLES, FL 34104

Title: VP (X) Change () Addition
Name: ODEN, LOUIS
Address: 194 FOXGLEN DRIVE
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change () Addition
Name: BRZEZINSKI, ROBERT
Address: 504 DURNHAM
City-St-Zip: WATERFORD, MI 48327

Title: S (X) Change () Addition
Name: ROBINSON, AL
Address: 88 MARLBOROUGH RD
City-St-Zip: SALEM, MA 01970

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: DANIEL HERSHBERGER

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date