

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20646

FILED
Apr 16, 2010
Secretary of State

Entity Name: FOXWOOD FARMS RESIDENTS, INC.

Current Principal Place of Business:

1927 NW 46TH AVE
OCALA, FL 34482 US

New Principal Place of Business:

4720 NW 19TH ST
OCALA, FL 34482 US

Current Mailing Address:

1927 NW 46TH AVE
OCALA, FL 34482 US

New Mailing Address:

4720 NW 19TH ST.
OCALA, FL 34482 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITKANACK, DARLENE
4720 NW 19TH ST
OCALA, FL 34482 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: VP
Name: GERMAIN, ROBERTA
Address: 4569 NW 20TH ST
City-St-Zip: OCALA, FL 34482

Title: S
Name: CHAPIN, RAY
Address: 2357 NW 47TH CIRCLE
City-St-Zip: OCALA, FL 34482

Title: T
Name: SWEIGART, ALICE
Address: 2130 NW 47TH AVE
City-St-Zip: OCALA, FL 34482

Title: D
Name: VANDE VELDE, JIM
Address: 1860 NW 46TH CIRCLE
City-St-Zip: OCALA, FL 34482

Title: D
Name: KUHNES, IVAN
Address: 2254 NW 47TH CIRCLE
City-St-Zip: OCALA, FL 34482

Title: D
Name: MADORE, AL
Address: 4640 NW 20TH ST.
City-St-Zip: OCALA, FL 34482

I hereby 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 all other like empowered.

SIGNATURE: DARLENE WHITKANACK

PRES

04/16/2010

Electronic Signature of Signing Officer or Director

Date