

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90019 042 \*\*\*\*61.25

**DOCUMENT # N37351**

1. Entity Name

**FOXMOOR OF FOXFIRE COMMONS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1100 5TH AVE.. S.  
 SUITE 201  
 NAPLES FL 33940  
 US

1100 5TH AVE.. S.  
 SUITE 201  
 NAPLES FL 34102-6407  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2452621**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERT HALL & ASSOCIATES INC. .**  
**1100 5TH AVE., S. #201**  
**NAPLES FL 33940**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CCULIGERSSON, EUGENE	
STREET ADDRESS	1001 FOXFIRE LANE, #305	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ENGLISH, ARTHUR	
STREET ADDRESS	1075 FOXFIRE LANE #306	
CITY-ST-ZIP	NAPLES FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PAQUIN, NORMAN	
STREET ADDRESS	1051 FOXFIRE LANE, #309	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Arthur English*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ARTHUR ENGLISH VICE-PRESIDENT*

*2/9/00*

Date

*9416436494*

Daytime Phone #

CR2E037 (9/99)