


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90328 034 ****61.25

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DOCUMENT # N37351					
1. Entity Name FOXMOOR OF FOXFIRE COMMONS ASSOCIATION, INC.					
Principal Place of Business 1070 FOXFIRE LANE NAPLES, FL 34104 US			Mailing Address PO BOX 8478 NAPLES, FL 34101-8478 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2452621	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DE ARMAS, EDUARDO SANDCASTLE COMMUNITY MGMT., INC 1719 TRADE CENTER WAY #1 NAPLES, FL 34109				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, LOUIS			NAME	
STREET ADDRESS	1075 FOXFIRE LN. #204			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, FRAN			NAME	
STREET ADDRESS	1051 FOXFIRE LANE #204			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, TOM			NAME	
STREET ADDRESS	1051 FOXFIRE LANE #210			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHERLIN, FLOYD			NAME	
STREET ADDRESS	1025 FOXFIRE LANE #203			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVATORE, SALINA			NAME	
STREET ADDRESS	1001 FOXFIRE LN. #206			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <i>Floyd G. Wehrlin</i>		Date: <i>4-14-05</i>		Daytime Phone #: <i>889-403-7827</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					