


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90026 021 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2452621	
6. Name and Address of Current Registered Agent DE ARMAS, EDUARDO SANDCASTLE COMMUNITY MGMT., INC 1719 TRADE CENTER WAY #1 NAPLES, FL 34109				7. Name and Address of New Registered Agent Name: <u>D. Lores Azar</u> Street Address (P.O. Box Number is Not Acceptable): <u>cb Sandcastle Community Management, Inc</u> <u>1719 Trade Center Way, Ste 4</u> City: <u>Naples</u> FL Zip Code: <u>34109</u>	
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: <u>D. Lores Azar</u>			DATE: <u>03/11/08</u>		
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD BENNETT, LOUIS 1075 FOXFIRE LN. #204 NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cernak, William 1051 Foxfire Lane # 308 Naples, FL 34104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCINTOSH, FRAN 1051 FOXFIRE LANE #204 NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Callahue, Alice 1025 Foxfire Lane # 204 Naples, FL 34104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLOCK, TOM 1051 FOXFIRE LANE #210 NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Glattc, Peter 1075 Foxfire Lane # 304 Naples, FL 34104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHERLIN, FLOYD 1025 FOXFIRE LANE #203 NAPLES, FL 34104	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kern, Frederick 1025 Foxfire Lane # 302 Naples, FL 34104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Moretti, Michael 1001 Foxfire Lane # 103 Naples, FL 34104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gagnier, Robert 1001 Foxfire Lane # 303 Naples, FL 34104	<input type="checkbox"/> Change <input checked="" 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: <u>Floyd Wherlin</u>			Date: <u>3-25-08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <u>239-403-7827</u>		