

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90060 048 ****61.25

DOCUMENT # N37351



1. Entity Name
FOXMOOR OF FOXFIRE COMMONS ASSOCIATION, INC.

11006253



CHECK HERE IF MAKING CHANGES

Principal Place of Business
~~5730 12TH AVENUE SW~~
~~NAPLES FL 34116~~

Mailing Address
~~P.O. BOX 835~~
~~NAPLES FL 34101~~
~~US~~

2. Principal Place of Business
1070 FOXFIRE LANE

3. Mailing Address
P.O. BOX 8478

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number **59-2452621**

Applied For
 Not Applicable

Zip **34104** Country **USA**

Zip **34101-8478** Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KRINSKY, ALAN MARK
~~5730 12TH AVENUE SW~~
~~NAPLES FL 34116~~

7. Name and Address of New Registered Agent
Name **EDUARDO DE ARMAS**
SAND CASTLE COMMUNITY MGMT, INC
Street Address (P.O. Bx Number is Not Acceptable)
400 5th AVE S., #200

City **NAPLES** FL Zip Code **34102**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONEGLIO, JOE <input checked="" type="checkbox"/> Delete 1001 FOXFIRE LANE #107 NAPLES FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete STD MCINTOSH, FRAN 1051 FOXFIRE LANE #204 NAPLES FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VPD GIANNETTI, MARIAN 1025 FOXFIRE LANE #302 NAPLES FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T WHERLIN, FLOYD 1025 FOXFIRE LANE #203 NAPLES FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD LOUIS BENNETT 1075 FOXFIRE LN. #204 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPD SALVATORE SALINA 1001 FOXFIRE LN. #206 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **4/17/03**

CR2E037 (10/02)