


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90006 003 ****61.25

DOCUMENT # N94000001564 1. Entity Name FOXWOOD GLENN HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1815 MICCOSUKEE COMMERCE DR STE 104 TALLAHASSEE, FL 32308			Mailing Address PO BOX 14019 TALLAHASSEE, FL 32317		
2. Principal Place of Business 1815 Miccosukee Commons Dr.			3. Mailing Address 		
Suite, Apt. #, etc. Ste 104			Suite, Apt. #, etc. 		
City & State Tallahassee FL			City & State 		
Zip 32308		Country USA		Zip 	
Country 		4. FEI Number 59-3082602			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SEGAL, TRACY L 1815 MICCOSUKEE COMMERCE DR TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name Segal, Tracy Street Address 1815 Miccosukee Commons Dr. Ste 104 City Tallahassee FL Zip Code 32308		
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><i>Tracy Segal</i></u> DATE <u>3-12-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	D <input type="checkbox"/> Delete COWEN, GARY 9112 FOXWOOD DR S TALLAHASSEE, FL 32307		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Delete SENN, RICK 9060 FOXWOOD DR N TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete MOLONEY, CHUCK 9047 FOXWOOD DR NORTH TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete SHANNON, JOHN 9128 FOXWOOD DR S. TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete HALL, TODD 9070 FOXWOOD DR. N. TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ENT'D FEB 17 2004 J10 39860 5600		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAID FEB 18 2004	
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: <u><i>John Shannon, Treasurer</i></u> DATE <u>3-12-04</u> DAYTIME PHONE # <u>528-7112</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

54018098



01072004 Chg-NP CR2E037 (10/03)