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Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90041 046 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****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**50032155****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3082602Applied For
Not Applicable**5. Certificate of Status Desired** ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**SEGAL, TRACY L
1815 MICCOSUKEE COMMONS DR
SUITE 104
TALLAHASSEE, FL 32308**7. Name and Address of New Registered Agent**

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. ☐**\$5.00 May Be
Added to Fees****Make check payable to
Florida Department of State****10. OFFICERS AND DIRECTORS**TITLE D ☒ Delete
NAME COWEN, GARY
STREET ADDRESS 9112 FOXWOOD DR S
CITY-ST-ZIP TALLAHASSEE, FL 32307TITLE DS ☐ Delete
NAME SENN, RICK
STREET ADDRESS 9060 FOXWOOD DR N
CITY-ST-ZIP TALLAHASSEE, FL 32309TITLE DP ☐ Delete
NAME MOLONEY, CHUCK
STREET ADDRESS 9047 FOXWOOD DR NORTH
CITY-ST-ZIP TALLAHASSEE, FL 32309TITLE DT ☐ Delete
NAME SHANNON, JOHN
STREET ADDRESS 9128 FOXWOOD DR S.
CITY-ST-ZIP TALLAHASSEE, FL 32309TITLE DVP ☐ Delete
NAME HALL, TODD
STREET ADDRESS 9070 FOXWOOD DR. N.
CITY-ST-ZIP TALLAHASSEE, FL 32309TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☒ Addition
NAME PERRY KELSO
STREET ADDRESS 9039 FOXWOOD DR N
CITY-ST-ZIP TALLAHASSEE, FL 32309TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-05

385-0094