


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90007 021 ****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
---	--

50023630



2. Principal Place of Business 7113 BEECH RIDGE TRAIL	3. Mailing Address 7113 BEECH RIDGE TRAIL
Suite, Apt. #, etc. # 1	Suite, Apt. #, etc. # 1

07192006 Chg-NP CR2E037 (4/06)

City & State TALLAHASSEE, FLORIDA	City & State TALLAHASSEE, FLORIDA
Zip 32312	Country U.S.A.
Zip 32312	Country U.S.A.

4. FEI Number 59-3082602	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$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 PATRICK F. RITCHIEY Street Address (P.O. Box Number is Not Acceptable) 7113 BEECH RIDGE TRAIL # 1 City TALLAHASSEE FL Zip Code 32309	
---	--	--	--

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 P. F. Ritchiey Signature, typed or printed name of registered agent and title if applicable.	PATRICK F. RITCHIEY, MANAGER 7/19/06 (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 6, 2006	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 KELSO, PERRY 9039 FOXWOOD DR N TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERRY NITTI SR 9014 N. FOXWOOD TALLAHASSEE, FL 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SENN, RICK 9060 FOXWOOD DR N TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOE RHODES 3114 FOXWOOD LANE TALLAHASSEE, FL 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOLONEY, CHUCK 9047 FOXWOOD DR NORTH TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S TOM MILLS 9068 FOXWOOD DR TALLAHASSEE, FL 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHANNON, JOHN 9128 FOXWOOD DR S. TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSAN GLASS 9023 N. FOXWOOD DR TALLAHASSEE, FL 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HALL, TODD 9070 FOXWOOD DR. N. TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUCK LEWIS 9033 FOXWOOD DR. S. TALLAHASSEE, FL 32309 <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	<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: P. F. Ritchiey SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	MANAGER 7/19/06 850.519.1558 Date Daytime Phone #