2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
09 JAN 21 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001564

1. Entity Name
FOXWOOD GLENN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7113 BEECH RIDGE TRAIL STE 1 TALLAHASSEE, FL 32312	7113 BEECH RIDGE TRAIL STE 1 TALLAHASSEE, FL 32312

REINSTATEMENT
01142009 REIN-NP CR2E099 (1/07) 08-09

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2910 Kerry Forest Pky	2910 Kerry Forest Pky
Suite, Apt. #, etc.: Suite D4	Suite, Apt. #, etc.: D4, 303
City & State: Tallahassee FL	City & State: Tallahassee FL
Zip / Country	Zip / Country

4. FEI Number: 59-3082602 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EDDY, MARIE 7113 BEACH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312	Name: Kelly Rojas Street Address (P.O. Box Number is Not Acceptable): 2910 Kerry Forest Pkwy Suite D4 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: Kelly Rojas, CAM DATE: 1-14-09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	P NITTI, TERRY SR 9014 N FOXWOOD TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800141663108 01/21/09--01030--001 **122.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RHODES, JOE 3114 FOXWOOD LANE TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS MILLS, TOM 9068 FOXWOOD DR TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GLASS, SUSAN 9023 N FOXWOOD DR TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWIS, CHUCK 9033 FOXWOOD DR S TALLAHASSEE, FL 32309	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DORINDA MURRAY 3119 FOXWOOD LANE TALLAHASSEE, FL 32309 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 17 Jan 2009 850 298-8575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #