

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90008 027 ****61.25

DOCUMENT # N97000003895							
1. Entity Name FOXTREE WEST PROPERTY OWNERS' ASSOCIATION, INC.							
Principal Place of Business 6589 FOX CREST LANE LAKELAND, FL 33813 US			Mailing Address 6589 FOX CREST LANE LAKELAND, FL 33813 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-3460200			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BOYER, FRAN 6589 FOX CREST LANE LAKELAND, FL 33813			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE VP	NAME KAPLAN, JASON		<input type="checkbox"/> Delete	TITLE 	NAME Bob Britton (D)		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6565 FOX CREST LANE	CITY - ST - ZIP LAKELAND, FL 33813			STREET ADDRESS 6594 Fox Crest Lane	CITY - ST - ZIP Lakeland, FL 33813		
TITLE 	NAME SUMAN, ALLEN		<input type="checkbox"/> Delete	TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6590 FOX CREST LANE	CITY - ST - ZIP LAKELAND, FL 33813			STREET ADDRESS 	CITY - ST - ZIP 		
TITLE 	NAME BOYER, FRAN		<input type="checkbox"/> Delete	TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6589 FOX CREST LANE	CITY - ST - ZIP LAKELAND, FL 33813			STREET ADDRESS 	CITY - ST - ZIP 		
TITLE 	NAME D BROSE, SHARI		<input type="checkbox"/> Delete	TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6584 FOX CREST LANE	CITY - ST - ZIP LAKELAND, FL 33813			STREET ADDRESS 	CITY - ST - ZIP 		
TITLE 	NAME D DAVIS, ROBIN		<input checked="" type="checkbox"/> Delete	TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6568 FOX CREST LN.	CITY - ST - ZIP LAKELAND, FL 33813			STREET ADDRESS 	CITY - ST - ZIP 		
TITLE 	NAME Director KAPLAN, JASON		<input type="checkbox"/> Delete	TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6565 FOX CREST LANE	CITY - ST - ZIP LAKELAND, FL 33813			STREET ADDRESS 	CITY - ST - ZIP 		
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: <i>Jason Kaplan</i>				Date <i>2/14/08</i> Daytime Phone # <i>813-648-9204</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							