

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003895

FILED
Apr 28, 2009
Secretary of State

Entity Name: FOXTREE WEST PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6589 FOX CREST LANE
LAKELAND, FL 33813 US

New Principal Place of Business:

6584 FOX CREST LANE
LAKELAND, FL 33813 US

Current Mailing Address:

6589 FOX CREST LANE
LAKELAND, FL 33813 US

New Mailing Address:

6584 FOX CREST LANE
LAKELAND, FL 33813 US

FEI Number: 59-3460200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYER, FRAN
6589 FOX CREST LANE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

BROSE, SHARON
6584 FOX CREST LANE
LAKELAND, FL 33813 US

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.

SIGNATURE: SHARON BROSE

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KAPLAN, JASON
Address: 6565 FOX CREST LANE
City-St-Zip: LAKELAND, FL 33813 US

Title: PD () Delete
Name: SUMAN, ALLEN
Address: 6590 FOX CREST LANE
City-St-Zip: LAKELAND, FL 33813 US

Title: STD () Delete
Name: BOYER, FRAN
Address: 6589 FOX CREST LANE
City-St-Zip: LAKELAND, FL 33813 US

Title: D () Delete
Name: BROSE, SHARI
Address: 6584 FOX CREST LANE
City-St-Zip: LAKELAND, FL 33813 US

Title: D () Delete
Name: BRITTON, BOB
Address: 6594 FOX CREST LANE
City-St-Zip: LAKELAND, FL 33813 US

Title: D () Delete
Name: KAPLAN, JASON
Address: 6565 FOX CREST LANE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOYER, FRAN
Address: 6589 FOX CREST LANE
City-St-Zip: LAKELAND, FL 33813 US

Title: STD (X) Change () Addition
Name: BROSE, SHARON
Address: 6584 FOX CREST LANE
City-St-Zip: LAKELAND, FL 33813 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON BROSE

STD

04/28/2009

Electronic Signature of Signing Officer or Director

Date