

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90071 041 ****61.25

DOCUMENT # N99000006075 1. Entity Name FOXBROOK HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 17503 HOWLING WOLF RUN PARRISH, FL 34219 US			Mailing Address 4301 32ND ST. W STE. A-20 BRADENTON, FL 34205 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0989866	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C & S CONDO MGMT. SERVICES, INC. 4301 32ND ST. W STE. A-20 BRADENTON, FL 34205				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WELLS, LESLIE 17503 HOWLING WOLF RUN PARRISH, FL 34219		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CHRISTIE, KATHERINE 6604 RIVERVIEW BLVD. WEST BRADENTON, FL 34209		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GIGLIOTTI, JOSEPH 10504 US HIGHWAY 41 NORTH PALMETTO, FL 34221		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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.					
SIGNATURE: <i>Leslie Wells</i> 2/5/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

ATTACHMENT
40013484
N99000006075

PAYMENT REQUISITION

(Complete and staple behind invoice)

Association: FOY

Make Check Payable To: Florida Dept of State

Manager

General Ledger Distribution

<u>Account Name</u>	<u>No.</u>	<u>Amount</u>
OTHE@Filing & Licenses	5203	61.25

When Checks Are Completed

Return to Manager: _____

Mail To (Name): _____

Courier: _____

Include A Return Envelope: _____

Signatures

Manager: _____

Board Member: _____

Special Instructions

Accounting

Date: 1-30-07

Check No: 285

Amount: \$61.25

Prep. By: /