2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754690

Entity Name: FOXMOOR LAKES MASTER ASSOCIATION, INC.

Current Principal Place of Business:

1010 NE 9 STREET UNIT 1 CAPE CORAL, FL 33909

Current Mailing Address:

1010 NE 9 STREET UNIT 1 CAPE CORAL, FL 33909 US

FEI Number: 59-2068748

Name and Address of Current Registered Agent:

COMPASS ROSE MANAGEMENT 1010 NE 9 STREET UNIT 1 CAPE CORAL, FL 33909 US

The above named entity submits this statement for the purpose of changing its registered efficiency registered agent, or both in the State of Elevida

The above named	entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florida.
SIGNATURE	: TOSH TRICAS		03/04/2024
	Electronic Signature of Registered Agent		Date
Officer/Direc	ctor Detail :		
Title	PRESIDENT	Title	VP
Name	PAGE, MARIA	Name	ALLEN, JERRY
Address	1010 NE 9 STREET UNIT 1	Address	COMPASS ROSE MANAGEMENT 1010 NE 9TH STREET SUITE A
City-State-Zip:	CAPE CORAL FL 33909	City-State-Zip:	CAPE CORAL FL 33909
Title	TREASURER	Title	SECRETARY
Name	ZIMMERMAN, ELAINE	Name	WARD, LYNN
Address	COMPASS ROSE MANAGEMENT 1010 NE 9TH STREET SUITE A	Address	COMPASS ROSE MANAGEMENT 1010 NE 9TH STREET SUITE A
City-State-Zip:	CAPE CORAL FL 33909	City-State-Zip:	CAPE CORAL FL 33909
Title	DIRECTOR	Title	DIRECTOR
Name	GASTAUER, BARBARA	Name	VANDYKE, JOANN
Address	COMPASS ROSE MANAGEMENT 1010 NE 9TH STREET SUITE A	Address	1010 NE 9 STREET UNIT 1
City-State-Zip:	CAPE CORAL FL 33909	City-State-Zip:	CAPE CORAL FL 33909
Title	DIRECTOR	Title	DIRECTOR
Name	BETTENCOURT, LAUREN	Name	BROWN, RAY
Address	1010 NE 9 STREET UNIT 1	Address	1010 NE 9 STREET UNIT 1
City-State-Zip:	CAPE CORAL FL 33909	City-State-Zip:	CAPE CORAL FL 33909

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE	: MARIA PAGE	PRESIDENT	03/04/2024
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Mar 04, 2024 Secretary of State 2090181644CC

Certificate of Status Desired: No

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	GRIS, STEVE	Name	PICKETT, MONICA
Address	1010 NE 9 STREET UNIT 1	Address	1010 NE 9 STREET UNIT 1
City-State-Zip:	CAPE CORAL FL 33909	City-State-Zip:	CAPE CORAL FL 33909
Title	DIRECTOR	Title	DIRECTOR
Name	WISNEY, SUE	Name	SOSENSKY, DORI
Address	1010 NE 9 STREET UNIT 1	Address	1010 NE 9 STREET UNIT 1
City-State-Zip:	CAPE CORAL FL 33909	City-State-Zip:	CAPE CORAL FL 33909
Title	DIRECTOR	Title	DIRECTOR
Name	GALVIN, CHARLIE	Name	COPELAND, CAROL
Address	1010 NE 9 STREET UNIT 1	Address	1010 NE 9 STREET UNIT 1
City-State-Zip:		0.1 01010 7.1	
	CAPE CORAL FL 33909	City-State-Zip:	CAPE CORAL FL 33909
Title	CAPE CORAL FL 33909 DIRECTOR	City-State-Zip:	CAPE CORAL FL 33909

- Address 1010 NE 9 STREET UNIT 1
- City-State-Zip: CAPE CORAL FL 33909