

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01729

Entity Name: FOX HOLLOW CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109**Current Mailing Address:**C/O NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109 US**FEI Number:** 59-2589583**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEWELL, WILLIAM
5435 JAEGER RD, #4
NAPLES, FL 34109 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FALLON, KENNETH
Address 5473 FOX HOLLOW DRIVE
City-State-Zip: NAPLES FL 34104

Title VP
Name DAMICO, GEORGE
Address 5278 FOX HOLLOW DRIVE
City-State-Zip: NAPLES FL 34104

Title SECRETARY
Name MARTIN, JAMES
Address 5280 FOX HOLLOW DRIVE
City-State-Zip: NAPLES FL 34104

Title TREASURER
Name HOLCOMB, NANCY
Address 5250 FOX HOLLOW DRIVE
 #5506
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name MORELAND, CARL
Address 5315 FOX HOLLOW DRIVE
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name WELLS, HERBERT
Address 5339 FOX HOLLOW DRIVE
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name TIDMORE, ROBERT
Address 5461 FOX HOLLOW DRIVE
City-State-Zip: NAPLES FL 34104

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: KENNETH FALLON

PRESIDENT

04/10/2014

Electronic Signature of Signing Officer/Director Detail

Date