

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02478

Entity Name: FOXMOOR OF FOXFIRE CONDOMINIUM IV ASSOCIATION, INC.

Current Principal Place of Business:

C/O HOME ENCOUNTER HECM
12906 TAMPA OAKS BLVD STE 100
TEMPLE TERRACE, FL 33637

Current Mailing Address:

C/O HOME ENCOUNTER HECM
12906 TAMPA OAKS BLVD STE 100
TEMPLE TERRACE, FL 33637 US

FEI Number: 59-2452621

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOME ENCOUNTER HECM
12906 TAMPA OAKS BLVD STE 100
TEMPLE TERRACE , FL 33637 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: BRAD VAN ROOYEN

03/14/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, TREASURER
Name DURAN, RAYMOND
Address C/O HOME ENCOUNTER HECM
 12906 TAMPA OAKS BLVD STE 100
City-State-Zip: TEMPLE TERRACE FL 33637

Title SECRETARY
Name SCHLIERF, MICHAEL
Address C/O HOME ENCOUNTER HECM
 12906 TAMPA OAKS BLVD STE 100
City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR
Name ADDUCI, VINCENT
Address C/O HOME ENCOUNTER HECM
 12906 TAMPA OAKS BLVD STE 100
City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR
Name CASCIARO, TINA
Address C/O HOME ENCOUNTER HECM
 12906 TAMPA OAKS BLVD STE 100
City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR
Name STRINGFELOW, TOM
Address C/O HOME ENCOUNTER HECM
 12906 TAMPA OAKS BLVD STE 100
City-State-Zip: TEMPLE TERRACE FL 33637

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: RAYMOND DURAN

PRESIDENT

03/14/2025

Electronic Signature of Signing Officer/Director Detail

Date