

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05356

**Entity Name:** FOXMOOR OF FOXFIRE CONDOMINIUM II ASSOCIATION, INC.

**FILED**  
**Mar 23, 2017**  
**Secretary of State**  
**CC5403357718**

**Current Principal Place of Business:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S #215  
NAPLES, FL 34104

**Current Mailing Address:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S #215  
NAPLES, FL 34104 US

**FEI Number: 59-2521659**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SAMOUCÉ & GAL PA  
5405 PARK CENTRAL CT  
NAPLES, FL., 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: ROB SAMOUCÉ**

**03/23/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MORETTI, MICHAEL  
Address 1001 FOXFIRE LN #103  
City-State-Zip: NAPLES FL 34104

Title P  
Name CONEGLIO, JOSEPH  
Address 1001 FOXFIRE LN #107  
City-State-Zip: NAPLES FL 34104

Title SECRETARY  
Name FLANAGAN, MARGARET  
Address 1001 FOXFIRE LANE #307  
City-State-Zip: NAPLES FL 34104

Title DIRECTOR  
Name FORD, ROBERT  
Address 1001 FOXFIRE LANE #110  
City-State-Zip: NAPLES FL 34104

Title DIRECTOR  
Name SCHULTZ, HOWARD  
Address 7601 ONTARIO BLVD  
City-State-Zip: EDEN PRAIRIE MN 55344

*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: JOSEPH CONEGLIO**

**PRESIDENT**

**03/23/2017**

Electronic Signature of Signing Officer/Director Detail

Date