

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05356

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

FILED
Apr 25, 2018
Secretary of State
CC9728040382

Current Principal Place of Business:

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

Current Mailing Address:

2685 HORSESHOE DR S.
STE#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

04/25/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, TREASURER
Name CONEGLIO, JOSEPH
Address 2685 HORSESHOE DR S.
 STE#215
City-State-Zip: NAPLES FL 34104

Title VP
Name FORD, ROBERT
Address 2685 HORSESHOE DR S.
 STE#215
City-State-Zip: NAPLES FL 34104

Title SECRETARY
Name FLANAGAN, MARGARET
Address 2685 HORSESHOE DR S.
 STE#215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name SCHULTZ, HOWARD
Address 2685 HORSESHOE DR S.
 STE#215
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: JOSEPH CONEGLIO

PRES

04/25/2018

Electronic Signature of Signing Officer/Director Detail

Date