

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05356

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

FILED
Apr 16, 2015
Secretary of State
CC3785103465

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

04/16/2015

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 TREASURER
Name SCHULTZ, HOWARD
Address 1001 FOXFIRE LANE #302
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name FORD, ROBERT
Address 1001 FOXFIRE LANE #110
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

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

04/16/2015

Electronic Signature of Signing Officer/Director Detail

Date