

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05356

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

**FILED**  
**Mar 31, 2014**  
**Secretary of State**  
**CC0578588328**

**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:**

ROB SAMOUCÉ, 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR	Title	P
Name	MORETTI, MICHAEL	Name	CONEGLIO, JOSEPH
Address	1001 FOXFIRE LN #103	Address	1001 FOXFIRE LN #107
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104
Title	VP, / T	Title	SECRETARY
Name	ARENHOLZ, CHARLES T	Name	MORIN, JUDITH
Address	1001 FOXFIRE LN #306	Address	249 FOX DEN CIRCLE
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104-4964

*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**

**03/31/2014**

Electronic Signature of Signing Officer/Director Detail

Date