

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

DOCUMENT# N07789

**Entity Name:** FOXFIRE VILLAS I HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O NEWELL PROPERTY MANAGEMENT  
5435 JAEGER RD. #4  
NAPLES, FL 34109

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC6407118959**

**Current Mailing Address:**

C/O NEWELL PROPERTY MANAGEMENT  
5435 JAEGER RD. #4  
NAPLES, FL 34109 US

**FEI Number: 59-2641353**

**Certificate of Status Desired: No**

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

NEWELL, WILLIAM  
5435 JAEGER RD #4  
NAPLES, 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 PD  
Name PAPPAS, CONSTANCE  
Address 856 KINGS WAY  
City-State-Zip: NAPLES FL 34104

Title VD  
Name LANGE, DEAN  
Address 902 KINGS WAY  
City-State-Zip: NAPLES FL 34104

Title D  
Name HOAG, DOUG  
Address 430 KINGS WAY  
City-State-Zip: NAPLES FL 34104

Title D  
Name MCGARRY, GUY  
Address 660 KINGS WAY  
City-State-Zip: NAPLES FL 34104

Title SECRETARY, TREASURER,  
DIRECTOR  
Name GIBELEY, ROBERT  
Address 656 KINGS WAY  
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: CONSTANCE PAPPAS**

**PRESIDENT**

**03/19/2014**

Electronic Signature of Signing Officer/Director Detail

Date