2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2017
Secretary of State
CC6825874073

DOCUMENT# N14876

Entity Name: FOXWOOD LAKE ESTATES SOCIAL CLUB, INC.

Current Principal Place of Business:

4848 FOXWOOD BLVD
UNIT 902
LAKELAND, FL 33810

Current Mailing Address:

4848 FOXWOOD BLVD
UNIT 902
LAKELAND, FL 33810

FEI Number: 59-2384268

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOHN, ROBERT WAYNE
1590 HEATHER HILL DR
LAKELAND, FL 33810-3014 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: ROBERT W. KOHN 01/11/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	KIMMEY, MARLENE
Address	4914 DEERWOOD DR
City-State-Zip:	LAKELAND FL 33810

Title	VP
Name	BERKHEIMER, BETTY
Address	1629 TALLY HO DR
City-State-Zip:	LAKELAND FL 33810

Title	DIRECTOR
Name	MCCURRIE, YVONNE
Address	1796 QUAIL HILL DR
City-State-Zip:	LAKELAND FL 33810

Title	DIRECTOR
Name	HIGGINS, ELIZABETH
Address	4887 DEERWOOD DR
City-State-Zip:	LAKELAND FL 33810

Title	SEC
Name	WHITENBURG, PEGGY
Address	1787 SHERWOOD HILL DRIVE
City-State-Zip:	LAKELAND FL 33810

Title	TREASURER
Name	KOHN, ROBERT WAYNE
Address	1590 HEATHER HILL DR
City-State-Zip:	LAKELAND FL 33810-3014

Title	DIRECTOR
Name	BROWN, BOBBI
Address	5043 LODGEWOOD DR
City-State-Zip:	LAKELAND FL 33810

Title	DIRECTOR
Name	MCNEIGHT, LESLIE
Address	5015 FOX CLIFF DR
City-State-Zip:	LAKELAND FL 33810

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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: ROBERT W. KOHN TREASURER 01/11/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	EMILY, MARGE
Address	4990 FOXWOOD BLVD
City-State-Zip:	LAKELAND FL 33810