## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37351

Entity Name: FOXMOOR OF FOXFIRE COMMONS ASSOCIATION, INC.

**FILED** Apr 21, 2022 Secretary of State 5767033593CC

## **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: 59-2452621 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

RESORT MANAGEMENT C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215 NAPLES, FL 34104 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 ROSENOW 04/21/2022

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** Name STRAKA, DON Name WRIGHT, TOM

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR S #215 2685 HORSESHOE DR S #215

City-State-Zip: City-State-Zip: NAPLES FL 34104 NAPLES FL 34104

Title VΡ Title **DIRECTOR** 

Name PANCOAST, CHARLES Name FERGUSON, BILL

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

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City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title **SECRETARY** Title DIRECTOR

TIERNEY, MATT CHEBATOR, ROBERT Name Name

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

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City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title DIRECTOR Title DIRECTOR

Name ARENHOLZ, CHARLIE Name JACQUES, STEVE

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215

2685 HORSESHOE DR S #215

NAPLES FL 34104 NAPLES FL 34104 City-State-Zip: City-State-Zip:

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.

04/21/2022 SIGNATURE: MATT TIERNEY SECRETARY