

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37351

FILED
Mar 26, 2024
Secretary of State
8957433503CC

Entity Name: FOXMOOR OF FOXFIRE COMMONS ASSOCIATION, INC.

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

03/26/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name STRAKA, DON
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title SECRETARY
Name TIERNEY, MATT
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title VP
Name RING, PAM
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title TREASURER
Name DURAN, RAYMOND
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title MEMBER
Name JACQUES, STEVEN
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title MEMBER
Name CHEBATOR, ROBERT
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title MEMBER
Name FINIZIO, FRANCIS
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title MEMBER
Name FERGUSON, WILLIAM
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

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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: TODD DELISIO

MEMBER

03/26/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MEMBER
Name DELISIO, TODD
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104