

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37351

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
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

04/15/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name PANCOAST, CHARLES
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

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

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

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

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

Title DIRECTOR
Name ROACH, DAVID
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

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

Title DIRECTOR
Name CONEGLIO, JOE
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
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: DON STRAKA

PRES

04/15/2019

Electronic Signature of Signing Officer/Director Detail

Date