FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **747925** **(6)**

1. Corporation Name

FOXHALL AT SUNTREE ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
239 COUNTRY CLUB DRIVE MELBOURNE FL 32940	239 COUNTRY CLUB DRIVE MELBOURNE FL 32940

3. Date Incorporated or Qualified: **06/29/1979**
3a. Date of Last Report: **02/15/1994**
4. FEI Number: **59-2025614** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHRIEVES, LAJUNE
218 COUNTRY CLUB DRIVE
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name: SABELLI, ANN
82 Street Address (P.O. Box Number is Not Acceptable): 6939 N. Wickham Rd.
83
84 City: Melbourne **FL** 85 Zip Code: 32940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ann Sabelli Ann Sabelli, CAM 5/01/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	REEVES, FRAN	1.2 NAME	REEVES, FRAN	
STREET ADDRESS	212 COUNTRY CLUB DRIVE	1.3 STREET ADDRESS	212 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	BAIO, LARRY	2.2 NAME	POWELL, BERT	
STREET ADDRESS	210 COUNTRY CLUB DRIVE	2.3 STREET ADDRESS	225 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	PD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	FRAZIER, DAVE	3.2 NAME	GARWOOD, CHARLES	
STREET ADDRESS	250 COUNTRY CLUB DRIVE	3.3 STREET ADDRESS	238 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	VPD	4.1 TITLE		☐ Change ☐ Addition
NAME	ENO, ARTHUR	4.2 NAME		
STREET ADDRESS	205 COUNTRY CLUB DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	SHRIEVES, LAJUNE	5.2 NAME		
STREET ADDRESS	218 COUNTRY CLUB DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles Garwood 5/01/95 407-259-2931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004789