

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 747925 (6)

1. Corporation Name

FOXHALL AT SUNTREE ASSOCIATION, INC.



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
05/01/1995

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-2025614

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip
24

Country
25

Zip
29

Country
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SABELLI, ANN
6939 N WICKHAM RD
MELBOURNE FL 32940**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	PD	<input type="checkbox"/> DELETE
NAME	REEVES, FRAN	
STREET ADDRESS	212 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	POWELL, BERT	
STREET ADDRESS	225 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARWOOD, CHARLES	
STREET ADDRESS	238 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ENO, ARTHUR	
STREET ADDRESS	205 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHRIEVES, LAJUNE	
STREET ADDRESS	218 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REEVES, KEITH	
1.3 STREET ADDRESS	212 COUNTRY CLUB DRIVE	
1.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DODGE, DICK	
2.3 STREET ADDRESS	234 COUNTRY CLUB DRIVE	
2.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	POWELL, BERT	
4.3 STREET ADDRESS	225 COUNTRY CLUB DRIVE	
4.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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:

C.E. Garwood

2/20/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)