

3-24-98 B-3652 C  
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 Mar 24 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 239 COUNTRY CLUB DRIVE MELBOURNE FL 32940  
 Mailing Address: 239 COUNTRY CLUB DRIVE MELBOURNE FL 32940

3. Date Incorporated or Qualified: 06/29/1979  
 4. FEI Number: 59-2025614  
 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. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
 SABELLI, ANN  
 6939 N WICKHAM RD  
 MELBOURNE FL 32940

10. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | VPD                    | <input type="checkbox"/> DELETE            |
| NAME           | STAUB, HAROLD          |  |
| STREET ADDRESS | 232 COUNTRY CLUB DR    |  |
| CITY-ST-ZIP    | MELBOURNE FL           |  |
| TITLE          | PD                     | <input type="checkbox"/> DELETE            |
| NAME           | DODGE, DICK            |  |
| STREET ADDRESS | 234 COUNTRY CLUB DRIVE |  |
| CITY-ST-ZIP    | MELBOURNE FL           |  |
| TITLE          | TD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | GARWOOD, CHARLES       |  |
| STREET ADDRESS | 238 COUNTRY CLUB DRIVE |  |
| CITY-ST-ZIP    | MELBOURNE FL           |  |
| TITLE          | SD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | POWELL, BERT           |  |
| STREET ADDRESS | 225 COUNTRY CLUB DRIVE |  |
| CITY-ST-ZIP    | MELBOURNE FL           |  |
| TITLE          | TD                     | <input type="checkbox"/> DELETE            |
| NAME           | SHRIEVES, RICHARD      |  |
| STREET ADDRESS | 218 COUNTRY CLUB DR    |  |
| CITY-ST-ZIP    | MELBOURNE FL           |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                        |  |
|--------------------|------------------------|--|
| 1.1 TITLE          | D                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | STAUB, HAROLD          |  |
| 1.3 STREET ADDRESS | 232 COUNTRY CLUB DR.   |  |
| 1.4 CITY-ST-ZIP    | MELBOURNE, FL          |  |
| 2.1 TITLE          | PD                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | SHRIEVES, RICHARD      |  |
| 2.3 STREET ADDRESS | 218 COUNTRY CLUB DR.   |  |
| 2.4 CITY-ST-ZIP    | MELBOURNE, FL          |  |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | GABRIEL, DIXIE         |  |
| 4.3 STREET ADDRESS | 855 KERRY DOWNS CIRCLE |  |
| 4.4 CITY-ST-ZIP    | MELBOURNE, FL          |  |
| 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 hereby certify that the information supplied with this filing 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: Richard H. Shrieves Date: 3/17/98  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # \_\_\_\_\_

CR2E037 (10/97)