


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90841 019 ****61.25

DOCUMENT # 755873 1. Entity Name FOXCROSS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 6500 MARINER SANDS DR STUART, FL 34997	Mailing Address 6500 MARINER SANDS DR STUART, FL 34997
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DO NOT WRITE IN THIS SPACE

40093208



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2055156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GERSTNER, LARRY C MARINER SANDS 6500 MARINER SANDS DR STUART, FL 34997
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RONSHAGEN, JAMES 6500 MARINER SANDS DR STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MCQUADE, EDWARD 6500 MARINER SANDS STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HICKS, GORDON 6500 MARINER SANDS DR STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRONIN, KATHRYN T 6500 MARINER SANDS DR STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCNAMARA, HUGH 6500 MARINER SANDS DR STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T YORK, THOMAS 6500 MARINER SANDS DR STUART, FL 34997

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	4/26/07	772-340-1710
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>