


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32940-7621**



3. Date Incorporated or Qualified 06/29/1979	3a. Date of Last Report 02/26/1996
4. FEI Number 59-2025614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 NAME REEVES, KEITH STREET ADDRESS 212 COUNTRY CLUB DRIVE CITY - ST - ZIP MELBOURNE FL	<input type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME DODGE, DICK 1.3 STREET ADDRESS 234 COUNTRY CLUB DRIVE 1.4 CITY - ST - ZIP MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME DODGE, DICK STREET ADDRESS 234 COUNTRY CLUB DRIVE CITY - ST - ZIP MELBOURNE FL	<input type="checkbox"/> DELETE	2.1 TITLE VPD 2.2 NAME STAUB, HAROLD 2.3 STREET ADDRESS 232 COUNTRY CLUB DRIVE 2.4 CITY - ST - ZIP MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME GARWOOD, CHARLES STREET ADDRESS 238 COUNTRY CLUB DRIVE CITY - ST - ZIP MELBOURNE FL	<input type="checkbox"/> DELETE	3.1 TITLE TD 3.2 NAME SHRIEVES, RICHARD 3.3 STREET ADDRESS 218 COUNTRY CLUB DRIVE 3.4 CITY - ST - ZIP MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME POWELL, BERT STREET ADDRESS 225 COUNTRY CLUB DRIVE CITY - ST - ZIP MELBOURNE FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME SHRIEVES, LAJUNE STREET ADDRESS 218 COUNTRY CLUB DRIVE CITY - ST - ZIP MELBOURNE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 Shrieves **Treasurer** 3/25/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 001808

CR2E037 (9/96)