

3-24-98 B-3652 C
FILE NOW: FILING FEE IS \$61.25

FILED
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
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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

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

Signature, typed or printed name of registered agent and title if applicable

(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/98

CP2E037 (1097)