2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 747925 Mar 30, 2000 8:00 am **Secretary of State** Foxhall at Suntree, Inc. 03-30-2000 90018 008 ****61.25 Mailing Address 239 Country Club Or- 239 Country Club Pr. Melbourne, Fl 32940 Melbourne, Fl 32940 Principal Place of Business 828943 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2025-614 Not Applicable \$8.75 Additional Zip Country Country Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Sabelli, Ann 6939 N. Wickham Rd. Street Address (P.O. Box Number is Not Acceptable) Melbourne, Fl 32940 Zip Code FL 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PRESIDENT ☐ Delete TITLE TITLE AL CAFARELLI NAME NAME 226 COUNTRY CLUB DR. STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32940 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition VICE PRESIDENT ☐ Delete TITLE TITLE MANAG ROBERT WINCHESTER ZZZ COUNTRY CLUB DR. STREET AODRESS STREET ADDRESS MCLBEURNE, FL 32940 CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete Change Change SECRETARY TITLE TITLE CHARLENE POWELL NAMÉ NAME 225 COUNTRYCLUB DR. STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32940 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TREASULER ☐ Delete ERNEST A. BALDINI NAME 245 COUNTRY CLUB DR. MELBUORNE, FL 32940 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BIRECTOR ALICIA PERKUHN Change Addition ☐ Delete TITLE NAME NAME 250 COUNTRY CLUB DR. STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32940 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

12. 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ERNEST A. BALDINI

3-16-00 321-757-3094

Date Date Date Phone #