2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# 747925

Entity Name: FOXHALL AT SUNTREE ASSOCIATION, INC.

Current Principal Place of Business:

230 COUNTRY CLUB DRIVE
MELBOURNE, FL 32940

New Principal Place of Business:

1694 TRIMBLE RD.
MELBOURNE, FL 32935

Current Mailing Address:

1694 TRIMBLE RD.
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 59-2025614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, ROBERT
1694 TRIMBLE ROAD
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GABRIEL, DIXIE
Address: 230 COUNTRY CLUB DR
City-St-Zip: MELBOURNE, FL 32940

Title: ST ( ) Delete
Name: TEAGUE, DIANA
Address: 85 E TROPICAL TRL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP ( ) Delete
Name: LEATHEM, DORIS
Address: 216 COUNTRY CLUB DR
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete
Name: O'KEEFE, JOANNA
Address: 242 COUNTRY CLUB DR
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete
Name: CHADWICK, WESLEY
Address: 228 COUNTRY CLUB DR
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change ( ) Addition
Name: COLLINGSWORTH, LESLIE
Address: 214 COUNTRY CLUB DR.
City-St-Zip: MELBOURNE, FL 32940

Title: VP (X) Change ( ) Addition
Name: JOHN, HICKEY
Address: 224 COUNTRY CLUB DR
City-St-Zip: MELBOURNE, FL 32940

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change ( ) Addition
Name: LOPEZ, IRIS
Address: 225 COUNTRY CLUB DR
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIXIE GABRIEL P 02/17/2009

Electronic Signature of Signing Officer or Director — Date