

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747925

Entity Name: FOXHALL AT SUNTREE ASSOCIATION, INC.**Current Principal Place of Business:**7145 TURNER ROAD
SUITE 101
ROCKLEDGE, FL 32955**Current Mailing Address:**7145 TURNER ROAD
SUITE 101
ROCKLEDGE, FL 32955 US**FEI Number:** 59-2025614**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OMEGA COMMUNITY MANAGEMENT, INC.
7145 TURNER ROAD
SUITE 101
ROCKLEDGE, FL 32955 US*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**Officer/Director Detail :**

Title	PRES	Title	VP.
Name	WAKELY, TIM	Name	SPAMPINATO, JOSEPH
Address	7145 TURNER ROAD SUITE 101	Address	7145 TURNER ROAD SUITE 101
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	SECRETARY/TREASURER	Title	DIR
Name	TEAGUE, DIANA	Name	PHIPPS, JOEL
Address	7145 TURNER ROAD SUITE 101	Address	7145 TURNER ROAD SUITE 101
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	DIR		
Name	TSATIRIS, BETTY		
Address	7145 TURNER ROAD SUITE 101		
City-State-Zip:	ROCKLEDGE FL 32955		

I hereby 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 all other like empowered.

SIGNATURE: WAKELY , TIM**PRESIDENT****04/21/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date