

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747925

FILED
Apr 12, 2006
Secretary of State

Entity Name: FOXHALL AT SUNTREE ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

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:

HART, JAMES W JR.
C/O SENTRY MANAGEMENT INC
2180 W. SR 434, STE. 5000
LONGWOOD, FL 327795044 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: VPD () Delete
Name: HICKEY, JAMES
Address: 224 COUNTRY CLUB DR
City-St-Zip: MELBOURNE, FL 32940

Title: SD () Delete
Name: EISSLER, EVELYN
Address: 265 COUNTRY CLUB DR
City-St-Zip: MELBOURNE, FL 32940

Title: TD () Delete
Name: BALDINI, EARNEST
Address: 245 COUNTRY CLUB DR
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: WINCHESTER, TINY
Address: 222 COUNTRY CLUB DR
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: COLLINGSWORTH, JOHN
Address: 10 WINDJAMMER POINT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: STD (X) Change () Addition
Name: BURTON, CHRISTOPHER
Address: 212 COUNTRY CLUB DR
City-St-Zip: MELBOURNE, FL 32940

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

Title: D (X) Change () Addition
Name: CROWLEY, GAIL
Address: 246 COUNTRY CLUB DR
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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

PD

04/12/2006

Electronic Signature of Signing Officer or Director

Date