

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 747925 1. Entity Name FOXHALL AT SUNTREE ASSOCIATION, INC.				FILED 06 OCT -9 PM 12:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 230 COUNTRY CLUB DRIVE MELBOURNE, FL 32940		Mailing Address 230 COUNTRY CLUB DRIVE MELBOURNE, FL 32940			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>Francis M. Stewart CPA</i> Suite, Apt. #, etc. <i>6939 N. Wickham Rd</i> City & State <i>Melbourne, FL</i> Zip <i>32940</i>		09262006 Chg-NP CR2E037 (4/06)	
City & State		City & State		4. FEI Number 59-2025614	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <i>James P. Lee Jr. Dextery Management Inc 2180 SR 408 Ste 5000 Longwood, FL 32799-5844</i>			7. Name and Address of New Registered Agent Name <i>FRANCIS M. STEWART, CPA</i> Street Address (P.O. Box Number is Not Acceptable) <i>6939 N. Wickham Rd</i> City <i>Melbourne</i> FL Zip Code <i>32940</i>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GABRIEL, DIXIE 230 COUNTRY CLUB DR MELBOURNE, FL 32940	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 800081204978 10/25/06--01059--007 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLLINGSWORTH, JOHN 10 WINDJAMMER POINT MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>10/10/06</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURTON, CHRISTOPHER 212 COUNTRY CLUB DR MELBOURNE, FL 32940	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'KEEFE, JOANNA 242 COUNTRY CLUB DR MELBOURNE, FL 32940	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWLEY, GAIL 246 COUNTRY CLUB DR MELBOURNE, FL 32940	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <i>[Signature]</i> 10/05/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					