

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

03-20-2007 90014 004 ****61.25

DOCUMENT # 747925 1. Entity Name FOXHALL AT SUNTREE ASSOCIATION, INC.				 3	
Principal Place of Business 230 COUNTRY CLUB DRIVE MELBOURNE FL 32940		Mailing Address 6939 N WICKHAM RD MELBOURNE FL 32940			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2025614 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/06)	
6. Name and Address of Current Registered Agent STEWART, FRANCIS M CPA 6939 N WICKHAM RD MELBOURNE FL 32940			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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>Dixie Gabriel</i> 02/26/07 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when required) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$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-STATE-ZIP	PD GABRIEL, DIXIE 230 COUNTRY CLUB DR MELBOURNE FL 32940	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD COLLINGSWORTH, JOHN 10 WINDJAMMER POINT MERRITT ISLAND FL 32952	☒ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Diana Trague Sec/Treas 85 E Tropical Trl. Merritt Island FL 32952 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD BURTON, CHRISTOPHER 212 COUNTRY CLUB DR MELBOURNE FL 32940	☒ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP Doris Leatham 216 Country Club Dr Melbourne FL 32940 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D O'KEEFE, JOANNA 242 COUNTRY CLUB DR MELBOURNE FL 32940	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	"D" REG-TR Wesley Chadwick 228 Country Club Dr Melbourne FL 32940 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CROWLEY, GAIL 246 COUNTRY CLUB DR MELBOURNE FL 32940	☒ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Dixie Gabriel</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			02/28/07 321-242-7189 Date Date/Phone #		