

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 758693

1. Entity Name

FOXHALL AT SUNTREE ASSOCIATION, INC. PHASE THREE



Principal Place of Business

**186 COUNTRY CLUB DRIVE
MELBOURNE FL 32940**

Mailing Address

**186 COUNTRY CLUB DRIVE
MELBOURNE FL 32940**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2216980

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CELESTE, RONALD
194 COUNTRY CLUB DR.
MELBOURNE FL 32940**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	TABOR, VERNON B.	
STREET ADDRESS	186 COUNTRY CLUB DRIVE	
CITY- ST- ZIP	MELBOURNE, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CELESTE, RONALD	
STREET ADDRESS	194 COUNTRY CLUB DR	
CITY- ST- ZIP	MELBOURNE FL 32940	
TITLE	VD	<input type="checkbox"/> Delete
NAME	URICH, SYLVIA	
STREET ADDRESS	192 COUNTRY CLUB DR.	
CITY- ST- ZIP	MELBOURNE FL 32940	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAMPBELL, FAY	
STREET ADDRESS	188 COUNTRY CLUB DR.	
CITY- ST- ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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: *Vernon B. Tabor*, **VERNON B. TABOR, TREASURER**

321-242-2093