2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# 758693

Entity Name: FOXHALL AT SUNTREE ASSOCIATION, INC. PHASE THREE

Current Principal Place of Business:

186 COUNTRY CLUB DRIVE
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

186 COUNTRY CLUB DRIVE
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 59-2216980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CELESTE, RONALD
194 COUNTRY CLUB DR.
MELBOURNE, FL 32940 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:	TD	( ) Delete
Name:	TABOR, VERNON B.,	
Address:	186 COUNTRY CLUB DRIVE	
City-St-Zip:	MELBOURNE, FL 00000,	
Title:	PD	( ) Delete
Name:	CELESTE, RONALD	
Address:	194 COUNTRY CLUB DR	
City-St-Zip:	MELBOURNE, FL 32940	
Title:	VD	( ) Delete
Name:	URICH, SYLVIA	
Address:	192 COUNTRY CLUB DR.	
City-St-Zip:	MELBOURNE, FL 32940	
Title:	SD	( ) Delete
Name:	CAMPBELL, FAY	
Address:	188 COUNTRY CLUB DR.	
City-St-Zip:	MELBOURNE, FL 32940	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: VERNON B. TABOR TD 01/25/2009

Electronic Signature of Signing Officer or Director — Date