

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00456

FILED
Jan 07, 2009
Secretary of State

Entity Name: FOXHALL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

101 PARK PLACE BLVD.
STE. #2
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

101 PARK PLACE BLVD.
STE. #2
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-2675073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL
101 PARK PLACE BLVD., STE. 2
KISSIMMEE, FL 34741 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: GOLDBLATT, ROBYN
Address: 1828 FOXHALL CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: STD () Delete
Name: VANDERBECK, YALILE
Address: 1733 FOXHALL CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: CRONE, MICHAEL
Address: 2503 SHELBY CIR
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: FARMER, MIKE
Address: 1762 FOXHALL CIR
City-St-Zip: KISSIMMEE, FL 34741

Title: VD () Delete
Name: LOTZ, JOHN
Address: 1825 FOXHALL CIR
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: GILBERT, DONNA
Address: 1748 FOXHALL CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: STD (X) Change () Addition
Name: VANDERBECK, YALILE
Address: 1733 FOXHALL CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: D (X) Change () Addition
Name: CRONE, MICHAEL
Address: 2503 SHELBY CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: D (X) Change () Addition
Name: ANDREWS, BENJAMIN
Address: 1826 FOXHALL CIR
City-St-Zip: KISSIMMEE, FL 34741

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: DOROTHY ARENA

CAM

01/07/2009

Electronic Signature of Signing Officer or Director

Date