2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2010
Secretary of State

DOCUMENT# N00456

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
Name: FITZPATRICK, MICHAEL
Address: 1862 FOXHALL CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: VPD
Name: GILBERT, DONNA
Address: 1748 FOXHALL CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: STD
Name: VANDERBECK, YALILE
Address: 1733 FOXHALL CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: D
Name: ABRAHAM, JUDITH
Address: 1732 FOXHALL CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: D
Name: HAMPTON, MILES
Address: 1801 FOXHALL CIR
City-St-Zip: KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL FITZPATRICK PRES 02/11/2010

Electronic Signature of Signing Officer or Director — Date