


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90204 023 \*\*\*\*61.25

<b>DOCUMENT # N15214</b>					
1. Entity Name FOXHALL 2 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4004 EDGE WATER DR. ORLANDO, FL 32804		Mailing Address 4004 EDGE WATER DR. ORLANDO, FL 32804			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3184554	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RIVERA, MARY ASSET REAL ESTATE INC. 4004 EDGE WATER DR. ORLANDO, FL 32804			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOTTA, LINCOLN	NAME			
STREET ADDRESS	3320 WEST OAK STREET	STREET ADDRESS	Kissimmee FL 34741		
CITY-ST-ZIP	KISSIMMEE, FL 32	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASSEY, WILLIAM	NAME			
STREET ADDRESS	1882 FOXHALL CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34741	CITY-ST-ZIP			
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MOTTA, SONIA	NAME	STD Lynn Hazeltine		
STREET ADDRESS	3220 W. OAK ST.	STREET ADDRESS	1856 Foxhall Circle		
CITY-ST-ZIP	KISSIMMEE, FL	CITY-ST-ZIP	Kissimmee FL 34741		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>William Massey</u>		Signature and typed printed name of signing officer or director		Date: <u>2/24/2005</u>	
				Daytime Phone #: <u>(407) 299-9009</u>	