


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90281 004 \*\*\*\*61.25

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<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		
Zip		Country	Zip		Country
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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 checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOTTA, LINCOLN		NAME	MUNOZ, David	
STREET ADDRESS	3320 WEST OAK STREET		STREET ADDRESS	2218 Stone Mill Drive	
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP	Orlando FL 32837	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASSEY, WILLIAM		NAME	QUEVAS OLETHA	
STREET ADDRESS	1882 FOXHALL CIRCLE		STREET ADDRESS	1846 Foxhall Circle	
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP	Kissimmee FL 34741	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLSELTINE, LYNN		NAME		
STREET ADDRESS	1856 FOXHALL CIR		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34741		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		
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 exemptions contained 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 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: <i>David Munoz</i> David Munoz			Date: 3/21/2006		Daytime Phone #: 407 299-9009