


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90008 011 ****61.25

DOCUMENT # N15214	
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
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DO NOT WRITE IN THIS SPACE



01262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3184554	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA, MARY
 ASSET REAL ESTATE INC.
 4004 EDGE WATER DR.
 ORLANDO, FL 32804

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOSSARD, DIANA 1864 FOXHALL CIRCLE KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUNOZ, DAVID 2218 STONE MILL DR. ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HESELTINE, LYNN 1856 FOXHALL CIR KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Lynn Heseltine, Lynn Heseltine 2/6/2008 4072999009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #