

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15214

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: FOXHALL 2 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4004 EDGE WATER DR.  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

4004 EDGE WATER DR.  
ORLANDO, FL 32804

**New Mailing Address:**

FEI Number: 59-3184554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ASSET REAL ESTATE INC  
4004 EDGEWATER DRIVE  
ORLANDO, FL 32804 US

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: MARY RIVERA

04/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: BOSSARD, DIANA  
Address: 1864 FOXHALL CIRCLE  
City-St-Zip: KISSIMMEE, FL 34741

Title: PD ( ) Delete  
Name: MUNOZ, DAVID  
Address: 2218 STONE MILL DR.  
City-St-Zip: ORLANDO, FL 32837

Title: STD ( ) Delete  
Name: HESELTINE, LYNN  
Address: 1856 FOXHALL CIR  
City-St-Zip: KISSIMMEE, FL 34741

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: STAUDTE, JOHN  
Address: 1860 FOXHALL CIRCLE  
City-St-Zip: KISSIMMEE, FL 34741

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

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: LYNN HESELTINE

ST

04/02/2009

Electronic Signature of Signing Officer or Director

Date