

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15214

**FILED**  
**Mar 15, 2011**  
**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:**

C/O ASSET REAL ESTATE INC  
4004 EDGEWATER DRIVE  
ORLANDO, FL 32804

**Current Mailing Address:**

4004 EDGE WATER DR.  
ORLANDO, FL 32804

**New Mailing Address:**

C/O ASSET REAL ESTATE INC  
4004 EDGEWATER DRIVE  
ORLANDO, FL 32804

**FEI Number:** 59-3184554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASSET REAL ESTATE INC  
4004 EDGEWATER DRIVE  
ORLANDO, FL 32804 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: VD  
Name: BOSSARD, DIANA  
Address: 1864 FOXHALL CIRCLE  
City-St-Zip: KISSIMMEE, FL 34741

Title: PD  
Name: MOTTA, MICHAEL  
Address: 3220 W OAK STREET  
City-St-Zip: KISSIMMEE, FL 34741

Title: STD  
Name: HESELTINE, LYNN  
Address: 1856 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: LYNN HESELTINE

SEC

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date