


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State


04-12-2005 90151 005 ****61.25

DOCUMENT# N22088 1. EntityName FOXHALL HOMEOWNERS ASSOCIATION INC.	
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PrincipalPlaceofBusiness 4239NORTHLAKEBLVD. SUITED PALMBEACHGARDENS,FL33410US	MailingAddress 4239NORTHLAKEBLVD. SUITED PALMBEACHGARDENS,FL33410US
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DO NOT WRITE IN THIS SPACE

20029646



03292005 NoChg-NP CR2E037 (10/03)

4. FEINumber 65-0036580	AppliedFor NotApplicable
5. CertificateofStatusDesired <input type="checkbox"/>	\$8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent CROSSEN, JOSEPH F 4239 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS, FL 33410	DO NOT WRITE IN THIS SPACE
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8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccepttheobligationsofregisteredagent.

SIGNATURE _____ (NOTE: Registered Agents signature required whenreinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust/Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FRANKLIN, RALPH JR 5045 FOXHALL DRIVE N W. PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D S MILLER, RANDOLPH 2820 FOXHALL DRIVE EAST W. PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MC COY, PATRICIA 5160 FOXHALL PLACE WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D H KRUSE, MARK 2745 FOXHALL DRIVE WEST WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEIKH, ABDUL 5212 FOX TRACE WEST PALM BEACH, FL 33417
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 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: Patricia A. McCoy **Date:** 4/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone#