


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90289 012 ****61.25

DOCUMENT # N22088
1. Entity Name
FOXHALL HOMEOWNERS ASSOCIATION INC.



Principal Place of Business Mailing Address
4239 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS FL 33410 US **4239 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS FL 33410 US**



2. Principal Place of Business 3. Mailing Address
3307 Northlake Blvd. Suite 107 **3307 Northlake Blvd. Suite 107**

City & State City & State
Palm Bch Gardens FL **Palm Bch Gchs FL**

Zip Country Zip Country
33403 USA **33403 USA**

1st MOORE CR2E037 (10/05)
4. FEI Number **65-0036580** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CROSSEN, JOSEPH F
4239 NORTHLAKE BLVD.
SUITE D
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
**3307 Northlake Blvd.
Suite 107
Palm Beach Gardens FL 33403**

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 re-registering) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANKLIN, RALPH JR	
STREET ADDRESS	5045 FOXHALL DRIVE N	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, RANDOLPH	
STREET ADDRESS	2820 FOXHALL DRIVE EAST	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MC COY, PATRICIA	
STREET ADDRESS	5160 FOXHALL PLACE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KRUSE, MARK	
STREET ADDRESS	2745 FOXHALL DRIVE WEST	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEIKH, ABDUL	
STREET ADDRESS	5212 FOX TRACE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROHAN SYBRON	
STREET ADDRESS	5055 Foxhall Dr. N.	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Patricia A. McCoy*

4/27/06 501-626-2778