


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90178 047 ****61.25

DOCUMENT # N22088


1. Entity Name
 FOXHALL HOMEOWNERS ASSOCIATION INC.



Principal Place of Business 3307 NORTHLAKE BLVD SUITE 107 PALM BEACH GARDENS, FL 33403 US	Mailing Address 3307 NORTHLAKE BLVD SUITE 107 PALM BEACH GARDENS, FL 33403 US
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DO NOT WRITE IN THIS SPACE

40060070



03272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0036580	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

CROSSEN, JOSEPH F
 3307 NORTHLAKE BLVD
 SUITE 107
 PALM BEACH GARDENS, FL 33403

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	FRANKLIN, RALPH JR
STREET ADDRESS	5045 FOXHALL DRIVE N
CITY-ST-ZIP	W. PALM BEACH, FL 33417
TITLE	SD
NAME	MILLER, RANDOLPH
STREET ADDRESS	2820 FOXHALL DRIVE EAST
CITY-ST-ZIP	W. PALM BEACH, FL 33417
TITLE	PD
NAME	MC COY, PATRICIA
STREET ADDRESS	5160 FOXHALL PLACE
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	D
NAME	SHEIKH, ABDUL
STREET ADDRESS	5212 FOX TRACE
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	D
NAME	SYBRON, ROHAN
STREET ADDRESS	5055 FOXHELL DR N
CITY-ST-ZIP	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 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: Patricia McCoy 4-10-07 561-626-2778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #