

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

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**



04102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0036580	Applied For <input type="checkbox"/> 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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**000000915596
05/09/08-80019-014 61.25**

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	SD 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 SHEIKH, ABDUL 5212 FOX TRACE WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYBRON, ROHAN 5055 FOXHELL DR N WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 Mc Coy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08 *561-626-2778*
Date Daytime Phone #