

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2009
Secretary of State**

DOCUMENT# N22088

Entity Name: FOXHALL HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

3307 NORTHLAKE BLVD
SUITE 107
PALM BEACH GARDENS, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

3307 NORTHLAKE BLVD
SUITE 107
PALM BEACH GARDENS, FL 33403 US

New Mailing Address:

COMPLETE PROPERTY MANAGEMENT, INC.
3307 NORTHLAKE BLVD., SUITE 107
PALM BEACH GARDENS, FL 33403 US

FEI Number: 65-0036580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSSEN, JOSEPH F
3307 NORTHLAKE BLVD
SUITE 107
PALM BEACH GARDENS, FL 33403 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 () Delete
Name: FRANKLIN, RALPH JR
Address: 5045 FOXHALL DRIVE N
City-St-Zip: W. PALM BEACH, FL 33417

Title: SD () Delete
Name: MILLER, RANDOLPH
Address: 2820 FOXHALL DRIVE EAST
City-St-Zip: W. PALM BEACH, FL 33417

Title: PD () Delete
Name: MC COY, PATRICIA
Address: 5160 FOXHALL PLACE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: SHEIKH, ABDUL
Address: 5212 FOX TRACE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: SYBRON, ROHAN
Address: 5055 FOXHELL DR N
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FRANKLIN, RALPH JR
Address: 5045 FOXHALL DRIVE N
City-St-Zip: W. PALM BEACH, FL 33417

Title: D (X) Change () Addition
Name: MILLER, RANDOLPH
Address: 2820 FOXHALL DRIVE EAST
City-St-Zip: W. PALM BEACH, FL 33417

Title: D (X) Change () Addition
Name: WRIGHT, ROBERT
Address: 5180 FOXHALL PLACE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RALPH FRANKLIN

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date