

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **753114** (8)  
1. Corporation Name  
**FOX CHASE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
C. 4422 GERMANTOWN ROAD DELRAY BEACH FL 33445  
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3. Date Incorporated or Qualified **06/25/1980** 3a. Date of Last Report **04/10/1995**  
4. FEI Number **59-2232078** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **16120 Bridlewood DR** 26 **16120 Bridlewood DR**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **DELRAY BEACH** 28 **DELRAY BEACH**  
Zip Country Zip Country  
24 **33445** 25 29 **33445** 30

9. Name and Address of Current Registered Agent  
**GIULIANO, ERMINIO P.**  
**4422 GERMANTOWN ROAD**  
**DELRAY BEACH FL**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GIULIANO, ERMINIO P.</b>	1.2 NAME	<b>NANLY BERGOLD</b>
STREET ADDRESS	<b>4422 GERMANTOWN RD.</b>	1.3 STREET ADDRESS	<b>16308 BRIDLEWOOD CIR</b>
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>	1.4 CITY - ST - ZIP	<b>DELRAY BEACH FL 33445</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>ND</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIULIANO, CATHERINE E.</b>	2.2 NAME	
STREET ADDRESS	<b>4422 GERMANTOWN RD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GIULIANO, PETER J.</b>	3.2 NAME	<b>JACK T GRAHAM</b>
STREET ADDRESS	<b>4422 GERMANTOWN RD.</b>	3.3 STREET ADDRESS	<b>16136 BRIDLEWOOD CIR</b>
CITY - ST - ZIP	<b>DELRAY BCH. FL</b>	3.4 CITY - ST - ZIP	<b>DELRAY BEACH FL 33445</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>RENE ALONSO</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>16273 BRIDLEWOOD CIR</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>DELRAY BEACH FL 33445</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack T Graham 2-13-96 407-495-0807  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)