

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90194 007 ****61.25

DOCUMENT # 753114

1. Entity Name

FOX CHASE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

16120 BRIDALWOOD DRIVE
 DELRAY BEACH FL 33445
 US

C/O ASSOCIATION MANAGEMENT GROUP
 7187 THOMPSON RD
 BOYNTON BEACH FL 33426
 US

2. Principal Place of Business
**OF America
 MANAGEMENT Services**

3. Mailing Address
Same

Suite, Apt. #, etc.
639 E. Ocean Ave Suite 204

Suite, Apt. #, etc.

City & State
Boynton Beach FL

City & State

4. FEI Number
59-2232078

Applied For
 Not Applicable

Zip
FL 33435

Country
PBC

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HUCKABY, JANET
 7187 THOMPSON RD
 BOYNTON BEACH FL 33426~~

Name **JANET HUCKABY**
 Street Address **Management Services OF AMERICA, INCORPORATED**
 City **639 East Ocean Avenue, Suite 204 Boynton Beach, Florida 33435 FL** Zip Code **33435**

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.

SIGNATURE

3-12-02
 DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRIEG, EZRA 16485 BRIDLEWOOD CIRCLE DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARAVELLO, ELLEN 16212 BRIDLEWOOD CIRCLE DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMOLLAR, MARVIN 16469 BRIDLEWOOD CIRCLE DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FEINSTEIN, MARK 10844 JAZZ LANE BOCA RATON FL 33496	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEINSTEIN, MARK 16244 BRIDLEWOOD Circle Delray Beach, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRIEG, EZRA 16485 Bridlewood Circle Delray Beach, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, PEDRO 16436 Bridlewood Circle Delray Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sellar, David 16180 Bridlewood Circle Delray Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bergen, Scott 16273 Bridlewood Circle Delray Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MARK FEINSTEIN**

Date **3-12-02** Daytime Phone # **(561) 752-9922**

CR2E037 (9/01)