

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **753717** (8)
1. Corporation Name
FOX CHASE CONDOMINIUM NO. 2 ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 9: 21

Principal Place of Business Mailing Address
8605 N.W. 8TH STREET MIAMI FL 33126 **8605 N.W. 8TH STREET MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 08/08/1980 | 3a. Date of Last Report 02/08/1994 |
| 4. FEI Number 59-2022077 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 <i>same</i> Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 Zip Country | 29 Zip Country |

9. Name and Address of Current Registered Agent
GONZALEZ, JUANA
8605 N.W. 8TH STREET
MIAMI FL 33126

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | VD |
| NAME | ROIG, ANTHONY |
| STREET ADDRESS | 8625 NW 8TH ST, #105 |
| CITY- ST- ZIP | MIAMI, FL 00000 |
| TITLE | STD |
| NAME | DE ARELLANO, NILDA |
| STREET ADDRESS | 8625 NW 8TH ST. #323 |
| CITY- ST- ZIP | MIAMI, FL 00000 |
| TITLE | PD |
| NAME | GONZALEZ, JUANA |
| STREET ADDRESS | 8625 NW 8TH ST. #405 |
| CITY- ST- ZIP | MIAMI FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | VD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | ROIG, ANTHONY |
| 1.3 STREET ADDRESS | 8625 NW 8st. #105 |
| 1.4 CITY- ST- ZIP | MIAMI, Florida 00000 |
| 2.1 TITLE | STD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | DE ARELLANO, NILDA |
| 2.3 STREET ADDRESS | 8625 NW 8st. #323 |
| 2.4 CITY- ST- ZIP | MIAMI, FL 00000 |
| 3.1 TITLE | PD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | GONZALEZ, JUANA |
| 3.3 STREET ADDRESS | 8625 NW 8st. #405 |
| 3.4 CITY- ST- ZIP | MIAMI, FL |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY- ST- ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY- ST- ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 110.07(3)(b), 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: *Juana Gonzalez* **JUANA GONZALEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR

1/18/95

Daytime Phone #