

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.# 753717 (8)

1. Corporation Name

FOX CHASE CONDOMINIUM NO. 2 ASSOCIATION, INC.



Principal Place of Business

Mailing Address

8605 N.W. 8TH STREET
MIAMI FL 33126

8605 N.W. 8TH STREET
MIAMI FL 33126

3. Date Incorporated or Qualified
08/08/1980

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2022077

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, JUANA
8605 N.W. 8TH STREET
MIAMI FL 33126

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME ROIG, ANTHONY
STREET ADDRESS 8625 NW 8ST. #105
CITY- ST- ZIP MIAMI FL ☒ DELETE

11 TITLE PD
12 NAME NILDA R. ARELLANO
13 STREET ADDRESS 8625 NW 8ST. # 323
14 CITY- ST- ZIP MIAMI FL 33126 ☒ Change ☐ Addition

TITLE STD
NAME DE ARELLANO, NILDA
STREET ADDRESS 8625 NW 8ST. #405
CITY- ST- ZIP MIAMI FL ☐ DELETE

21 TITLE VP
22 NAME RUTH, KUIL
23 STREET ADDRESS 8635 NW 8ST. # 207
24 CITY- ST- ZIP MIAMI, FL 33126 ☐ Change ☒ Addition

TITLE PD
NAME CONZALEZ, JUANA
STREET ADDRESS 8625 NW 8ST. #405
CITY- ST- ZIP MIAMI FL ☒ DELETE

31 TITLE STD
32 NAME Roig, Anthony
33 STREET ADDRESS 8625 NW 8St. #105
34 CITY- ST- ZIP Miami, FL 33216 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NILDA R. DE ARELLANO

Date

Daytime Phone #