

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Mar 17, 2009**  
**Secretary of State**

DOCUMENT# N06000002593

**Entity Name:** FOX CHASE HOMEOWNERS ASSOCIATION OF LAKE COUNTY, INC.

**Current Principal Place of Business:**

5401 S. KIRKMAN ROAD  
STE. 450  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5401 S. KIRKMAN ROAD  
STE. 450  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 20-4448578      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT PROFESSIONALS  
5401 S. KIRKMAN ROAD  
STE. 450  
ORLANDO, FL 32819 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: D            ( ) Delete  
Name: GODWIN, ROBERT H  
Address: 4776 NEW BROAD STREET SUITE 250  
City-St-Zip: ORLANDO, FL 32814

Title: D            ( ) Delete  
Name: MELOON, MELISSA  
Address: 4776 NEW BROAD STREET SUITE 250  
City-St-Zip: ORLANDO, FL 32814

Title:                    ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D            (X) Change ( ) Addition  
Name: ALEXANDER, JULIE  
Address: 4776 NEW BROAD STREET STE. 250  
City-St-Zip: ORLANDO, FL 32814

Title: D            (X) Change ( ) Addition  
Name: HUDRLIK, DEBI  
Address: 4776 NEW BROAD STREET STE. 250  
City-St-Zip: ORLANDO, FL 32814

Title: D            ( ) Change (X) Addition  
Name: KARPAY, BARRY  
Address: 4776 NEW BROAD STREET STE. 250  
City-St-Zip: ORLANDO, FL 32814

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: JULIE ALEXANDER

D

03/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date