

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N14832 (2)
1. Corporation Name
FOX CHASE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 1228 BRIDLEBROOK DR CASSELBERRY FL 32707	Mailing Address % SANDRA M. HUFF, RA P.O. BOX 180476 CASSELBERRY FL 32718-0476
--	--

3. Date Incorporated or Qualified 04/30/1986		
4. FEI Number 59-2655247	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 9816 E. Colonial Dr.	2a. Mailing Address 26 P.O. Box 677307		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23 Orlando, Fl.	City & State 28 Orlando, Fl.		
Zip 24 32817	Country 25 USA	Zip 29 32867-7307	Country 30 USA

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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HUFF, SANDRA M
1228 BRIDLEBROOK DR
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name Joseph Frasca	
82 Street Address (P.O. Box Number is Not Acceptable) 9816 E. Colonial Drive	
83	
84 City Orlando	85 Zip Code FL 32817

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 *Joseph Frasca* **Joseph Frasca** **4-1-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME JACKS, BRUCE	STREET ADDRESS 4248 REYNARD COURT	CITY-ST-ZIP OVIDO FL 32785	<input type="checkbox"/> DELETE
TITLE VPD	NAME CHARNOKY, MIKE	STREET ADDRESS 2125 MARTINGALE PLACE	CITY-ST-ZIP OVIDO FL 32785	<input checked="" type="checkbox"/> DELETE
TITLE VPD	NAME BOXER, HYLAN	STREET ADDRESS 2130 MARTINGALE PLACE	CITY-ST-ZIP OVIDO FL 32785	<input type="checkbox"/> DELETE
TITLE VPD	NAME BOARDMAN, MARK	STREET ADDRESS 2170 KIMBERWICKE CIRCLE	CITY-ST-ZIP OVIDO FL 32785	<input type="checkbox"/> DELETE
TITLE STD	NAME STEWART, STEVE	STREET ADDRESS 2185 MARTINGALE PLACE	CITY-ST-ZIP OVIDO FL 32785	<input checked="" type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Jeferey McAbee	
2.3 STREET ADDRESS 4223 S. Jodhpur Ct.	
2.4 CITY-ST-ZIP Oviedo, FL. 32765	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Gerald Dreggors	
5.3 STREET ADDRESS 2123 Kimberwicke Cir.	
5.4 CITY-ST-ZIP Oviedo, FL. 32765	
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 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 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: *Bruce Jacks* **Bruce Jacks** **4/3/98** **407-333-9939**

CR2E037 (10/97)