


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90017 016 ****61.25

DOCUMENT # N14832

1. Entity Name
FOX CHASE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
P.O. BOX 67707
ORLANDO, FL 32817 US

Mailing Address
P.O. BOX 677307
ORLANDO, FL 32867-7307 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

400401--



01162008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2655247

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FRASCA, JOSEPH
C/O PREFERRED COMMUNITY MGMT
4962 N PALM AVE
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCABEE, JEFFEREY	
STREET ADDRESS	4223 S. JODHPUR CT	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, RON	
STREET ADDRESS	4232 DERBY PL	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DREGGORS, GERALD	
STREET ADDRESS	2123 KIMBERWICKE CIR	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GRIFFITH, KIMBERLY	
STREET ADDRESS	4222 JODPHUR CT.	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CRUZ, ELLIOT	
STREET ADDRESS	4197 DERBY PLACE	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: JOFF MCABEE 3/15/08 321-436-550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #