

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N14832

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

Current Principal Place of Business:

P.O. BOX 67707
ORLANDO, FL 32817 US

New Principal Place of Business:

4962 N. PALM AVENUE
WINTER PARK, FL 32792 US

Current Mailing Address:

P.O. BOX 677307
ORLANDO, FL 328677307 US

New Mailing Address:

FEI Number: 59-2655247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRASCA, JOSEPH
C/O PREFERRED COMMUNITY MGMT
4962 N PALM AVE
WINTER PARK, FL 32792 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: PD () Delete
Name: MCABEE, JEFFEREY
Address: 4223 S. JODHPUR CT
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: WILLIAMS, RON
Address: 4232 DERBY PL
City-St-Zip: OVIEDO, FL 32765

Title: VD (X) Delete
Name: DREGGORS, GERALD
Address: 2123 KIMBERWICKE CIR
City-St-Zip: OVIEDO, FL 32765

Title: DS () Delete
Name: GRIFFITH, KIMBERLY
Address: 4222 JODPHUR CT.
City-St-Zip: OVIEDO, FL 32765

Title: DT () Delete
Name: CRUZ, ELLIOT
Address: 4197 DERBY PLACE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH FRASCA

MGR

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date