

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90134 026 ****61.25

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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 67707
ORLANDO FL 32867-7307
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**FRASCA, JOSEPH
4962 N PALM AVENUE
WINTER PARK FL 32792**

Name **JOSEPH FRASCA**

Street Address (P.O. Box is Not Acceptable)
**96 PREFERRED COMMUNITY MGMT.
4962 N. PALM AVENUE**

City **WINTER PARK** FL Zip Code **32792**

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 *Joseph Frasca*
Signature, typed or printed name of registered agent and title if applicable.

JOSEPH FRASCA

2/21/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MCABEE, JEFFEREY	4223 S. JODHPUR CT	OVIEDO FL 32765	<input type="checkbox"/>
D	WILLIAMS, RON	4232 DERBY PL	OVIEDO FL 32765	<input type="checkbox"/>
VD	DREGGORS, GERALD	2123 KIMBERWICKE CIR	OVIEDO FL 32765	<input type="checkbox"/>
STD	LUNIN, ALAN	4137 DERBY PL	OVIEDO FL 32765	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	DAN RYAN	2218 KIMBERWICKE CIR	OVIEDO, FL 32765	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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: *Jeff McCabe* **JEFF M'ABEE PRES 407 266 2552**

CR2E037 (10/02)