


FILE NOW: FILING FEE IS \$61.25

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Apr 15 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 # N93000000999 (3)  
1. Corporation Name  
Fox Chase Civic Association, Inc.

Principal Place of Business Mailing Address  
831 Donegal Ct.  
Orange Park, FL  
32065-5818

3. Date Incorporated or Qualified  
02/26/1993  
4. FEI Number  
59-3148672  
Applied For  
 Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 815 WICKLOW CT.  
22 City & State 27 Suite, Apt. #, etc.  
23 City & State 28 ORANGE PARK FL  
24 Zip 25 Country 29 32065 30 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
M. Burt Wade  
772 FOXRIDGE CENTER DR.  
STE. 142  
ORANGE PARK, FL 32065

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 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	<input checked="" type="checkbox"/> DELETE
NAME	MCLURE, GARY	
STREET ADDRESS	821 RICHMOND CT.	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WITHERELL, VERNON	
STREET ADDRESS	831 DONEGAL CT.	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PFUNTNER, TRACY	
STREET ADDRESS	2578 TRAMORE PL.	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, LAURA	
STREET ADDRESS	2588 TRAMORE PL	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	LACKEY, BILL	
STREET ADDRESS	826 PLYMOUTH CT.	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LUCINDA CRAIG	
1.3 STREET ADDRESS	815 WICKLOW CT	
1.4 CITY-ST-ZIP	ORANGE PARK, FL 32065	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM DIKE	
2.3 STREET ADDRESS	821 WICKLOW CT.	
2.4 CITY-ST-ZIP	ORANGE PARK, FL 32065	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PAM KREINEST	
3.3 STREET ADDRESS	2645 TRAMORE PL	
3.4 CITY-ST-ZIP	ORANGE PARK, FL 32065	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KIMBERLY A. AURES	
4.3 STREET ADDRESS	2638 TRAMORE PL.	
4.4 CITY-ST-ZIP	ORANGE PARK, FL 32065	
5.1 TITLE	200002489002	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-04/15/98--01017--015	
5.3 STREET ADDRESS	***61.25	
5.4 CITY-ST-ZIP		
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: Kimberly A. Aures KIMBERLY A. AURES 4-5-98 (904)276-4995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)