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Secretary of State

04-22-1999 90035 047 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000000999

1. Corporation Name

FOXCHASE CIVIC ASSOCIATION, INC.

Principal Place of Business

845 WICKLOW CT.
 ORANGE PARK FL 32065

Mailing Address

845 WICKLOW CT.
 ORANGE PARK FL 32065



2. Principal Place of Business

21 **837 Midland Ct**

2a. Mailing Address

26 **837 Midland Ct**

3. Date Incorporated or Qualified

02/26/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3148672

Applied For

Not Applicable

City & State

23 **Orange Park, FL**

City & State

28 **Orange Park, FL**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

24 **32065** 25 **Clay**

Zip Country

29 **32065** 30 **Clay**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WADE, BURT W
772 FOXRIDGE CENTER DRIVE
SUITE 142
ORANGE PARK FL 32065

10. Name and Address of New Registered Agent

81 **Clabtree + Fallar, P.A.**
 82 **8315 Dix Ellis Trail, Ste 401**
 83
 84 **Jacksonville** 85 **FL** 86 **32256**

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

(NOTE: Registered Agent signature required when reinstating)

4/16/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CRAIG, WILLIAM	
STREET ADDRESS	815 WICKLOW CT.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DIKE, WILLIAM	
STREET ADDRESS	831 DONEGAL CT	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KREINEST, PAM	
STREET ADDRESS	2645 TRAMORE PLACE	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	AURES, KIMBERLY A	
STREET ADDRESS	2638 TRAMORE PLACE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Raymond Schramm	
1.3 STREET ADDRESS	837 Midland Ct.	
1.4 CITY-ST-ZIP	Orange Park, FL. 32065	
2.1 TITLE	V.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bob Adams	
2.3 STREET ADDRESS	2654 Tramore Place	
2.4 CITY-ST-ZIP	Orange Park, FL. 32065	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Linda Chapman	
3.3 STREET ADDRESS	839 Midland Ct.	
3.4 CITY-ST-ZIP	Orange Park, FL. 32065	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kent Northey	
4.3 STREET ADDRESS	2646 Tramore Place	
4.4 CITY-ST-ZIP	Orange Park, FL. 32065	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4-18-1999 **904-463-5333**
 Date Daytime Phone #

CR2E037 (11/98)