

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

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

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

Suite, Apt. #, etc.

23 City & State  
Orange Park, FL

24 Zip Country  
32065 Clay

2a. Mailing Address

26 837 Midland Ct

Suite, Apt. #, etc.

28 City & State  
Orange Park, FL

29 Zip Country  
32065 Clay

3. Date Incorporated or Qualified

02/26/1993

4. FEI Number

59-3148672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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 FOXBRIDGE CENTER DRIVE  
SUITE 142  
ORANGE PARK FL 32065

10. Name and Address of New Registered Agent

81 Name  
Chabtree + Faller, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
8375 Dix Ellis Trail, Ste 401  
84 City Jacksonville FL 85 Zip Code 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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

4/16/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME CRAIG, WILLIAM  
STREET ADDRESS 815 WICKLOW CT.  
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE VD ☒ DELETE  
NAME DIKE, WILLIAM  
STREET ADDRESS 831 DONEGAL CT  
CITY-ST-ZIP ORANGE PARK FL

TITLE S ☒ DELETE  
NAME KREINEST, PAM  
STREET ADDRESS 2645 TRAMORE PLACE  
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE TD ☒ DELETE  
NAME AURES, KIMBERLY A  
STREET ADDRESS 2638 TRAMORE PLACE  
CITY-ST-ZIP ORANGE PARK FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D. ☐ Change ☒ 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. ☐ Change ☒ Addition  
2.2 NAME Bob Adams  
2.3 STREET ADDRESS 2654 Tramora Place  
2.4 CITY-ST-ZIP Orange Park, FL. 32065

3.1 TITLE S ☐ Change ☒ 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 ☐ Change ☒ Addition  
4.2 NAME Kent Northey  
4.3 STREET ADDRESS 2646 Tramora Place  
4.4 CITY-ST-ZIP Orange Park, FL. 32065

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: RA Schramm ☒ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E037 (11/98)