

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
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90033 041 ****61.25

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DOCUMENT # 753114

1. Corporation Name

FOX CHASE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

16120 BRIDALWOOD DRIVE
DELRAY BEACH FL 33445
US

Mailing Address

C/O ASSOCIATION MANAGEMENT GROUP
7187 THOMPSON RD
LANTANA FL 33462
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

06/25/1980

4. FEI Number

59-2232078

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

HUCKABY, JANET
7187 THOMPSON RD
LANTANA FL 33462

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 ☐ DELETE
NAME ALONSO, RENE
STREET ADDRESS 16273 BRIDLEWOOD CIRCLE
CITY-ST-ZIP DELRAY BEACH FL

TITLE VD ☐ DELETE
NAME GIULIANO, CATHERINE
STREET ADDRESS 4422 GERMANTOWN ROAD
CITY-ST-ZIP DELRAY BEACH FL

TITLE TD ☒ DELETE
NAME D'AMATO, JOE
STREET ADDRESS 16452 BRIDLEWOOD CIRCLE
CITY-ST-ZIP DELRAY BEACH FL

TITLE SD ☒ DELETE
NAME RUSSELL, MARGARET
STREET ADDRESS 16333 BRIDLEWOOD CIRCLE
CITY-ST-ZIP DELRAY BEACH 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 TD ☒ Change ☐ Addition
1.2 NAME ALONSO, RENE
1.3 STREET ADDRESS 16273 BRIDLEWOOD CIRCLE
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33445

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE PD ☐ Change ☒ Addition
3.2 NAME SMOLLAR, MARVIN
3.3 STREET ADDRESS 16469 BRIDLEWOOD CIRCLE
3.4 CITY-ST-ZIP DELRAY BEACH, FL 33445

4.1 TITLE SD ☐ Change ☒ Addition
4.2 NAME FEINSTEIN, MARK
4.3 STREET ADDRESS 10844 LAZZ LANE
4.4 CITY-ST-ZIP BOCA RATON, FL 33496

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:

Marvin Smollar
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-99

Date

(561) 965-4486

Daytime Phone #

CR2E037 (11/98)