

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753114

1. Entity Name

FOX CHASE PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90194 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

16120 BRIDALWOOD DRIVE  
DELRAY BEACH FL 33445  
US

C/O ASSOCIATION MANAGEMENT GROUP  
7187 THOMPSON RD  
BOYNTON BEACH FL 33426  
US

2. Principal Place of Business  
**OF America**  
**MANAGEMENT SERVICES**  
Suite, Apt. #, etc. **204**  
**639 E. Ocean Ave Suite**

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.

City & State  
**Boynton Beach FL**  
Zip **FL 33435** Country **PBC**

City & State  
City  
Country

4. FEI Number  
**59-2232078**

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

HUCKABY, JANET  
7187 THOMPSON RD  
BOYNTON BEACH FL 33426

Name **JANET HUCKABY**  
Street Address **Management Services**  
**OF AMERICA, INCORPORATED**  
City **639 East Ocean Avenue, Suite 204**  
**Boynton Beach, Florida 33435 FL 33435**

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.

SIGNATURE *Janet Huckaby*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-12-02**  
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **KRIEG, EZRA**  
STREET ADDRESS **16485 BRIDLEWOOD CIRCLE**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **PD** ☒ Change ☐ Addition  
NAME **FEINSTEIN, MARK**  
STREET ADDRESS **16244 BRIDLEWOOD Circle**  
CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE **VD** ☒ Delete  
NAME **CARAVELLO, ELLEN**  
STREET ADDRESS **16212 BRIDLEWOOD CIRCLE**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **VD** ☒ Change ☐ Addition  
NAME **KRIEG, EZRA**  
STREET ADDRESS **16485 Bridlewood Circle**  
CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE **TD** ☒ Delete  
NAME **SMOLLAR, MARVIN**  
STREET ADDRESS **16469 BRIDLEWOOD CIRCLE**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **SD** ☐ Change ☒ Addition  
NAME **DIAZ, PEDRO**  
STREET ADDRESS **16436 Bridlewood Circle**  
CITY-ST-ZIP **Delray Beach, FL 33435**

TITLE **SD** ☒ Delete  
NAME **FEINSTEIN, MARK**  
STREET ADDRESS **10844 JAZZ LANE**  
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **D** ☐ Change ☒ Addition  
NAME **Sellar, David**  
STREET ADDRESS **16180 Bridlewood Circle**  
CITY-ST-ZIP **Delray Beach, FL 33435**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Berger, Scott**  
STREET ADDRESS **16273 Bridlewood Circle**  
CITY-ST-ZIP **Delray Beach, FL 33435**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Mark Feinstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-12-02** Daytime Phone # **(561) 752-9922**

CR2E037 (9/01)