2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753114

Entity Name: FOXE CHASE PROPERTY OWNERS ASSOCIATION, INC.

FILED
Apr 20, 2017
Secretary of State
CC9700877179

Current Principal Place of Business:

C/O SUPERIOR ASSOCIATION MANAGEMENT 20283 STATE ROAD 7 SUITE # 219 BOCA RATON, FL 33498

Current Mailing Address:

C/O SUPERIOR ASSOCIATION MANAGEMENT 20283 STATE ROAD 7 SUITE #219 BOCA RATON, FL 33498 US

FEI Number: 59-2232078 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUPERIOR ASSOCIATION MANAGEMENT C/O SUPERIOR ASSOCIATION MANAGEMENT. 20283 STATE ROAD 7 SUITE # 219 BOCA RATON, FL 33498 US

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: SHERI SCARBOROUGH

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title VI

Name STALEY, CLIFFORD Name COHEN, ADAM

Address 16468 BRIDLEWOOD CIRCLE Address 16405 BRIDLEWOOD CIRCLE

City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: DELRAY BEACH FL 33445

Title TREASURER Title SECRETARY

Name CURLEY, LORI Name MARTINEZ, EDUARDO

Address 16340 BRIDLEWOOD CIRCLE Address 16292 BRIDLEWOOD CIRCLE
City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR

Name MORAN, ROBERT

Address 16257 BRIDLEWOOD CIRCLE
City-State-Zip: DELRAY BEACH FL 33445

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STALEY, CLIFFORD PRESIDENT 04/20/2017

04/20/2017