

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753114

**Entity Name:** FOXE CHASE PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O SUPERIOR ASSOCIATION MANAGEMENT  
20283 STATE ROAD7 SUITE # 219  
BOCA RATON, FL 33498**Current Mailing Address:**C/O SUPERIOR ASSOCIATION MANAGEMENT  
20283 STATE ROAD7 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 ROAD7 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

04/26/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	COHEN, JEFF
Address	16420 BRIDLEWOOD CIRCLE
City-State-Zip:	DELRAY BEACH FL 33445

Title	TREASURER
Name	BERMAN, DEBORAH
Address	16516 BRIDLEWOOD CIRCLE
City-State-Zip:	DELRAY BEACH FL 33445

Title	DIRECTOR
Name	PALERMO, JOSEPH
Address	C/O SUPERIOR ASSOCIATION MANAGEMENT 20283 STATE ROAD7 SUITE # 219
City-State-Zip:	BOCA RATON FL 33498

Title	VP
Name	PETRUCCI, STEPHEN
Address	C/O SUPERIOR ASSOCIATION MANAGEMENT 20283 STATE ROAD7 SUITE # 219
City-State-Zip:	BOCA RATON FL 33498

Title	SECRETARY
Name	HORVATH, JENNIFER
Address	C/O SUPERIOR ASSOCIATION MANAGEMENT 20283 STATE ROAD7 SUITE # 219
City-State-Zip:	BOCA RATON FL 33498

*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:** JEFF COHEN

PRESIDENT

04/26/2021

Electronic Signature of Signing Officer/Director Detail

Date