

**2019 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 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

04/09/2019

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 16421BRIDLEWOOD CIRCLE  
City-State-Zip: DELRAY BEACH FL 33445

Title VP  
Name NOHE, OLGA  
Address 16373 BRIDLEWOOD CIRCLE  
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY  
Name PETRUCCI, STEPHEN  
Address 16289 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:** JEFF COHEN

**PRESIDENT**

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date