

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753114

Entity Name: FOXE CHASE PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**

C/O QUALITY MANAGEMENT GROUP
16120 BRIDLEWOOD DR
DELRAY BEACH, FL 33445

Current Mailing Address:

C/O QUALITY MANAGEMENT GROUP
9045 LA FONTANA BLVD. STE 101
BOCA RATON, FL 33434 US

FEI Number: 59-2232078**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

STEVE R. BRATEN PA
16120 BRIDLEWOOD DR
DELRAY BEACH, FL 33445 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: STEVE BRATEN

03/24/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name FIRESTONE, DODEE
Address C/O QUALITY MANAGEMENT GROUP
9045 LA FONTANA BLVD. STE 101
City-State-Zip: BOCA RATON FL 33434

Title VP
Name STALEY, CLIFFORD
Address C/O QUALITY MANAGEMENT GROUP
9045 LA FONTANA BLVD. STE 101
City-State-Zip: BOCA RATON FL 33434

Title VP
Name DIAZ, BRENDA
Address C/O QUALITY MANAGEMENT GROUP
9045 LA FONTANA BLVD. STE 101
City-State-Zip: BOCA RATON FL 33434

Title TREASURER
Name CURLEY, LORI
Address C/O QUALITY MANAGEMENT GROUP
9045 LA FONTANA BLVD. STE 101
City-State-Zip: BOCA RATON FL 33434

Title SECRETARY
Name MARTINEZ, EDUARDO
Address C/O QUALITY MANAGEMENT GROUP
9045 LA FONTANA BLVD. STE 101
City-State-Zip: BOCA RATON FL 33434

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: DODEE FIRESTONE

PRESIDENT

03/24/2014

Electronic Signature of Signing Officer/Director Detail

Date