

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753114

Entity Name: FOXE CHASE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O MAHOGANY SERVICES, INC.
21 S.E. 5TH STREET SUITE # 100
BOCA RATON, FL 33432

Current Mailing Address:

C/O MAHOGANY SERVICES, INC.
21 S.E. 5TH STREET SUITE #100
BOCA RATON, FL 33432 US

FEI Number: 59-2232078

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELIAS, HOWARD
C/O MAHOGANY SERVICES, INC.
21 S.E. 5TH STREET SUITE # 100
BOCA RATON, FL 33432 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: HOWARD ELIAS

07/08/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name STALEY, CLIFFORD
Address 16468 BRIDLEWOOD CIRCLE
City-State-Zip: DELRAY BEACH FL 33445

Title VP
Name COHEN, ADAM
Address 16405 BRIDLEWOOD CIRCLE
City-State-Zip: DELRAY BEACH FL 33445

Title TREASURER
Name CURLEY, LORI
Address 16340 BRIDLEWOOD CIRCLE
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY
Name MARTINEZ, EDUARDO
Address 16292 BRIDLEWOOD CIRCLE
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: CLIFFORD STALEY

PRESIDENT

07/08/2015

Electronic Signature of Signing Officer/Director Detail

Date