

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002593

**FILED**  
**Feb 21, 2019**  
**Secretary of State**  
**1471467822CC**

**Entity Name:** FOX CHASE HOMEOWNERS ASSOCIATION OF LAKE COUNTY, INC.

**Current Principal Place of Business:**

908 BELLE OAK DRIVE  
LEESBURG, FL 34748

**Current Mailing Address:**

P. O. BOX 490023  
LEESBURG, FL 34749 US

**FEI Number:** 20-4448578

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SERGIO'S PROPERTY MANAGEMENT, LLC  
908 BELLE OAK DRIVE  
LEESBURG, FL 34748 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name RIVERA, XAVIER A.  
Address 908 BELLE OAK DRIVE  
City-State-Zip: LEESBURG FL 34748

Title PRESIDENT  
Name WEAVER, CINDY  
Address 908 BELLE OAK DRIVE  
City-State-Zip: LEESBURG FL 34748

Title VP  
Name SMITH, ANTHONY  
Address 908 BELLE OAK DRIVE  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name MENDEZ, NELSON  
Address 908 BELLE OAK DRIVE  
City-State-Zip: LEESBURG FL 34748

Title TREASURER  
Name VIGGIANO, CHARLES  
Address 908 BELLE OAK DRIVE  
City-State-Zip: LEESBURG FL 34748

*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:** CINDY WEAVER

**PRESIDENT**

**02/21/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date