

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14832

**FILED**  
**Mar 27, 2015**  
**Secretary of State**  
**CC6669999662**

**Entity Name:** FOX CHASE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4962 N. PALM AVENUE  
WINTER PARK, FL 32792

**Current Mailing Address:**

P.O. BOX 4129  
WINTER PARK, FL 32793 US

**FEI Number:** 59-2655247

**Certificate of Status Desired:** No

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

FRASCA, JOSEPH  
C/O PREFERRED COMMUNITY MGMT  
4962 N PALM AVE  
WINTER PARK, FL 32792 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 PD  
Name MCABEE, JEFFREY  
Address P.O. BOX 4129  
City-State-Zip: WINTER PARK FL 32793

Title DS  
Name GRIFFITH, ANDREW  
Address P.O. BOX 4129  
City-State-Zip: WINTER PARK FL 32793

Title DVP  
Name GRIFFITH, KIMBERLY  
Address P.O. BOX 4129  
City-State-Zip: WINTER PARK FL 32793

Title DT  
Name CRUZ, ELLIOT  
Address P.O. BOX 4129  
City-State-Zip: WINTER PARK FL 32793

Title D  
Name LACHANCE, LUCILLE  
Address P.O. BOX 4129  
City-State-Zip: WINTER PARK FL 32793

*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:** JEFFREY MCABEE

**PRESIDENT**

**03/27/2015**

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

\_\_\_\_\_  
Date