

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90036 025 ****61.25

DOCUMENT # 753717

1. Entity Name
FOX CHASE CONDOMINIUM NO. 2 ASSOCIATION, INC.



Principal Place of Business
**8605 N.W. 8TH STREET
MIAMI, FL 33126**

Mailing Address
**8605 N.W. 8TH STREET
MIAMI, FL 33126**

40017552



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2022077

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PANETTA, VINCENT
8625 NW 8 STREET
#416
MIAMI, FL 33126**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PANETTA, VINCENT	
STREET ADDRESS	8625 NW 8 ST #416	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MUNOZ, ANA	
STREET ADDRESS	8625 NW 8TH ST #118	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SANCHEZ, GILBERTO	
STREET ADDRESS	8625 NW 8 ST #305	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vincent Panetta

2-8-07 (305) 764-3644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #