

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002593

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

4700 MILLENIA BLVD., STE 515  
ORLANDO, FL 32839

**New Principal Place of Business:**

4700 MILLENIA BLVD.  
STE. 515  
ORLANDO, FL 32839

**Current Mailing Address:**

4700 MILLENIA BLVD., STE 515  
ORLANDO, FL 32839

**New Mailing Address:**

4700 MILLENIA BLVD.  
STE. 515  
ORLANDO, FL 32839

**FEI Number:** 20-4448578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COMMUNITY MANAGEMENT PROFESSIONALS  
4700 MILLENIA BLVD  
SUITE 515  
ORLANDO, FL 32839 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GARVER, TOM  
Address: 200 S. ORANGE AVE STE. 1240  
City-St-Zip: ORLANDO, FL 32801

Title: D  
Name: HUDRLIK, DEBI  
Address: 5100 W. SEMONN ST. STE. 312  
City-St-Zip: TAMPA, FL 33609

Title: D  
Name: KARPAY, BARRY  
Address: 5100 W. SEMONN ST. STE. 312  
City-St-Zip: TAMPA, FL 33609

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:** TOM GARVER

D

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date