

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14832

FILED  
Mar 25, 2009  
Secretary of State

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

**Current Principal Place of Business:**

P.O. BOX 67707  
ORLANDO, FL 32817 US

**New Principal Place of Business:**

4962 N. PALM AVENUE  
WINTER PARK, FL 32792 US

**Current Mailing Address:**

P.O. BOX 677307  
ORLANDO, FL 328677307 US

**New Mailing Address:**

FEI Number: 59-2655247      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FRASCA, JOSEPH  
C/O PREFERRED COMMUNITY MGMT  
4962 N PALM AVE  
WINTER PARK, FL 32792 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: PD ( ) Delete  
Name: MCABEE, JEFFEREY  
Address: 4223 S. JODHPUR CT  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: WILLIAMS, RON  
Address: 4232 DERBY PL  
City-St-Zip: OVIEDO, FL 32765

Title: VD (X) Delete  
Name: DREGGORS, GERALD  
Address: 2123 KIMBERWICKE CIR  
City-St-Zip: OVIEDO, FL 32765

Title: DS ( ) Delete  
Name: GRIFFITH, KIMBERLY  
Address: 4222 JODPHUR CT.  
City-St-Zip: OVIEDO, FL 32765

Title: DT ( ) Delete  
Name: CRUZ, ELLIOT  
Address: 4197 DERBY PLACE  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH FRASCA

MGR

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date