2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment

SIGNATURE:

Mar 29, 2007 8:00 am Secretary of State DOCUMENT # N26484 03-29-2007 90034 040 ****61.25 FOX CHASE TOWNHOMES UNIT A HOMEOWNERS' ASSOCIATION, INC. Principal Ptace of Business Mailing Address 40347 US 19 N STE 201 POB 695 TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2933681 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo KARAGIANIS, IRENE Street Address (P.O. Box Number is Not Acceptable) 40347 US 19 N STE 201 TARPON SPRINGS FL 34689 Zip Code FL 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 FILE NOW: FEE'IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TD TITLE □ Change Addition NAME. DONALN NAME GETIS, REGINA Jean-STREET ADDRESS STREET ADDRESS श्चामन विग Chase 2191 FOX CHASE BLVD CITY ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 Harbor Fr 34683 Delete TITLE Vicky CROWLEY 2185 Fox Chase BLUD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP Palm Harbor FL 34683 Sec/Treus. THUE ☐ Delete TITLE ☐ Change Addition NAME Jeannette Riley NAME STREET ADDRESS 2175 Fox chase BLVD STREET ADDRESS CITY-ST-ZIP Palm Harbor FL. 34683 CITY-ST-ZIP Delete Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+S1-ZiP CITY-ST-ZIP ☐ Change Delete Addition IIIE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILF ☐ Delete TITLE ☐ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 reserver 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

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