

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -5 PM 2:42

DOCUMENT # **N28381** (4)

1. Corporation Name  
**FOX CHASE NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
P. O. BOX 350373 TAMPA FL 33695 P. O. BOX 350373 TAMPA FL 33695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/15/1988** 3a. Date of Last Report **06/22/1994**  
4. FEI Number **59-3015185** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **17828 Grey Brooke Dr.** 26 **17828 Grey Brooke Dr.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **TAMPA FL** 27 **TAMPA FL**  
City & State City & State  
23 **33647** 28 **33647**  
Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**ALLEN, MICHAEL E**  
**17802 GREY BROOKE DR.**  
**TAMPA FL 33847**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

DATE **3/11/95**  
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>PS S Director (President)</b>
NAME	<b>CLAASSEN, DOLORES S</b>
STREET ADDRESS	<b>17828 GREY BROOKE DRIVE</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>SD Director (Secretary)</b>
NAME	<b>JOHNSON, SUE</b>
STREET ADDRESS	<b>F17805 GREY BROOKE DR.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>T Director (Treasurer)</b>
NAME	<b>MICHAEL, ALLEN E</b>
STREET ADDRESS	<b>17802 GREY BROOKE DR</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>CLAASSEN, DOLORES S</b>	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>T/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>James Fetters</b>	
4.3 STREET ADDRESS	<b>9103 Fox Chase Circle</b>	
4.4 CITY - ST - ZIP	<b>Tampa FL 33647</b>	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 in a handwritten or typed attachment with an address.

SIGNATURE: *[Signature]* **MICHAEL G. ALLEN**  
Signature, typed or printed name of signing officer or director

DATE **3/11/95** **813-973-2628**  
Date License Number