

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N28381 (4)

1. Corporation Name

FOX CHASE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

17828 GREY BROOKE DR
TAMPA FL 33647
US

Mailing Address

17828 GREY BROOKE DR
TAMPA FL 33641
US

3. Date Incorporated or Qualified
09/15/1988

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

33647

30 Country

4. FEI Number
59-3015185

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 33647

10. Name and Address of New Registered Agent

81 Name **Leonard M. Podowski**
82 Street Address (P.O. Box Number is Not Acceptable)
17808 Grey Brooke Drive
83
84 City **Tampa** **FL** 85 Zip Code **33647**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Leonard M. Podowski, Treasurer/Director** *Podowski* **2-96**

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

(NOTE: Registered Agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD ^S	<input type="checkbox"/> DELETE
NAME	CLAASEN, DOLORES S	
STREET ADDRESS	17828 GREY BROOKE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JOHNSON, SUE	
STREET ADDRESS	F17805 GREY BROOKE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MICHAEL, ALLEN E	
STREET ADDRESS	17802 GREY BROOKE DR	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Claassen, Dolores S.	
13 STREET ADDRESS	17828 Grey Brooke Drive	
14 CITY-ST-ZIP	Tampa, FL	
21 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	McDaniel, Pamela A.	
23 STREET ADDRESS	17815 Grey Brooke Drive	
24 CITY-ST-ZIP	Tampa, FL	
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Podowski, Leonard M.	
33 STREET ADDRESS	17808 Grey Brooke Drive	
34 CITY-ST-ZIP	Tampa, FL	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Podowski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Leonard M. Podowski, Treasurer

2-96 **973-7210**
Date Day/Date Phone #

CR2E037 (12/95)