

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N28381 (4)**

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



|  |  |
|--|--|
| Principal Place of Business<br><b>17828 GREY BROOKE DR<br/>TAMPA FL 33647<br/>US</b> | Mailing Address<br><b>17828 GREY BROOKE DR<br/>TAMPA FL 33647<br/>US</b> |
|--|--|

|   |   |   |
|---|---|---|
| 3. Date Incorporated or Qualified<br><b>09/15/1988</b>  |   |   |
| 4. FEI Number<br><b>59-3015185</b>  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>      |   |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |   |   |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |   |

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.                         | Suite, Apt. #, etc.              |
| 22  | 27                               |
| City & State                                | City & State                     |
| 23  | 28                               |
| Zip   | Country                          |
| 24  | 25                               |
| 29  | 30                               |

9. Name and Address of Current Registered Agent

**PODOWSKI, LEONARD M  
17808 GREY BROOKE DRIVE  
TAMPA FL 33647**

10. Name and Address of New Registered Agent

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

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: *Podowski* **4-8-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------------------|---|---|
| TITLE                      | PD<br><b>CLAASSEN, DOLORES S</b> | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>17828 GREY BROOKE DRIVE</b>   | 1.2 NAME  |   |
| STREET ADDRESS             | <b>TAMPA FL</b>                  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD<br><b>MCDANIEL, PAMELA A</b>  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>17817 GREY BROOKE DRIVE</b>   | 2.2 NAME  |   |
| STREET ADDRESS             | <b>TAMPA FL</b>                  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                  | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD<br><b>PODOWSKI, LEONARD M</b> | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>17808 GREY BROOKE DRIVE</b>   | 3.2 NAME  |   |
| STREET ADDRESS             | <b>TAMPA FL</b>                  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 4.2 NAME  |   |
| STREET ADDRESS             |                                  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 5.2 NAME  |   |
| STREET ADDRESS             |                                  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 6.2 NAME  |   |
| STREET ADDRESS             |                                  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                  | 6.4 CITY-ST-ZIP                                       |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **4-8-98** **813 9737210**

CFR2037 (10/97)