

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90120 037 ****61.25

0051706

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28381

1. Corporation Name

FOX CHASE NEIGHBORHOOD ASSOCIATION, INC.

134669-90120-37

Principal Place of Business

17828 GREY BROOKE DR
TAMPA FL 33647
US

Mailing Address

17828 GREY BROOKE DR
TAMPA FL 33647
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
09/15/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3015185

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PODOWSKI, LEONARD M
17808 GREY BROOKE DRIVE
TAMPA FL 33647

81 Name
Walter J. Hood

82 Street Address (P.O. Box Number is Not Acceptable)

17822 Grey Brooke Drive

83 City
Tampa, FL 33647

84 Zip Code
FL 85

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 *Walter J. Hood Treas. Walter J. Hood Feb 8 '99*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME CLAASSEN, DOLORES S
STREET ADDRESS 17828 GREY BROOKE DRIVE
CITY-ST-ZIP TAMPA FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD DELETE
NAME MCDANIEL, PAMELA A
STREET ADDRESS 17817 GREY BROOKE DRIVE
CITY-ST-ZIP TAMPA FL

2.1 TITLE Change Addition
2.2 NAME OXLEY, JANET
2.3 STREET ADDRESS 9108 Canberley Drive
2.4 CITY-ST-ZIP Tampa FL

TITLE TD DELETE
NAME PODOWSKI, LEONARD M
STREET ADDRESS 17808 GREY BROOKE DRIVE
CITY-ST-ZIP TAMPA FL

3.1 TITLE Change Addition
3.2 NAME HOOD, WALTER J.
3.3 STREET ADDRESS 17822 Grey Brooke Drive
3.4 CITY-ST-ZIP Tampa FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME STEEL, WILLIAM
4.3 STREET ADDRESS 9112 Canberley Drive
4.4 CITY-ST-ZIP Tampa FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME FOSTER, GRETCHEN
5.3 STREET ADDRESS 9102 Fox Chase Circle
5.4 CITY-ST-ZIP Tampa, FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Dolores Claassen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 813/973-0734
Date Daytime Phone #

CR2E037 (1/198)