

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 22, 2007
Secretary of State**

DOCUMENT# N28381

Entity Name: FOX CHASE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

17828 GREY BROOKE DR.
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

17828 GREY BROOKE DR.
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 59-3015185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAASSEN, DOLORES S
17828GREY BROOKE DR.
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: CLAASSEN, DOLORES S
Address: 17828 GREY BROOKE DRIVE
City-St-Zip: TAMPA, FL 33647 US

Title: TD () Delete
Name: PODRAZA, JAMES
Address: 17818 GREY BROOKE DRIVE
City-St-Zip: TAMPA, FL 33647 US

Title: SD () Delete
Name: MC GORRY, SHANNON
Address: 9104 FOX CHASE CIRCLE
City-St-Zip: TAMPA, FL 33647 US

Title: D () Delete
Name: MC GINTY, JERRY
Address: 9116 CANBERLEY DR
City-St-Zip: TAMPA, FL 33647 US

Title: PD () Delete
Name: CLAASSEN, DOLORES S
Address: 17828GREY BROOKE DRIVE
City-St-Zip: TAMPA, FL 33647 US

Title: D () Delete
Name: GILLHAM, JERRY
Address: 17824 GREY BROOKE DR.
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES PODRAZA

TD

01/22/2007

Electronic Signature of Signing Officer or Director

Date