

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28381

FILED  
Jan 22, 2007  
Secretary of State

**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  
17828 GREY 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: 17828 GREY 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  
Name:  
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