2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N28381

1. Entity Name
FOX CHASE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17828 GREY BROOKE DR. TAMPA, FL 33647 US	17828 GREY BROOKE DR. TAMPA, FL 33647 US

01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3015185
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	CLAASSEN, DOLORES S
STREET ADDRESS	17828 GREY BROOKE DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	TD
NAME	PODRAZA, JAMES
STREET ADDRESS	17818 GREY BROOKE DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	SD
NAME	MC GORRY, SHANNON
STREET ADDRESS	9104 FOX CHASE CIRCLE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D
NAME	MC GINTY, JERRY
STREET ADDRESS	9116 CANBERLEY DR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	PD
NAME	CLAASSEN, DOLORES S
STREET ADDRESS	17828GREY BROOKE DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D
NAME	GILLHAM, JERRY
STREET ADDRESS	17824 GREY BROOKE DR.
CITY-ST-ZIP	TAMPA, FL 33647

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01/11/08-80023-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James B. Podraza JAMES B. PODRAZA, TREASURER 1/8/08 (813) 994-5529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #