

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90183 043 ****61.25

DOCUMENT # N28381

1. Entity Name
FOX CHASE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**17822 GREY BROOKE DR.
TAMPA FL 33647
US**

Mailing Address
**17822 GREY BROOKE DR.
TAMPA FL 33647
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3015185**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOOLS, JOSEPH
17822 GREY BROOKE DR.
TAMPA FL 33647

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **CLAASSEN, DOLORES S**
STREET ADDRESS **17828 GREY BROOKE DRIVE**
CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
NAME **SCOTT McPherson (VD)**
STREET ADDRESS **9103 FOX Chase Circle**
CITY-ST-ZIP **TAMPA, FL 33647**
VICE President

TITLE **TD** Delete
NAME **PENNING, THOMAS S**
STREET ADDRESS **17824 GREY BROOKE DRIVE**
CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
NAME **Germania Echeverry (D)**
STREET ADDRESS **17806 GREY BROOKE DRIVE**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **D** Delete
NAME **GEPHARDT, DAVID**
STREET ADDRESS **9110 CANBERLEY DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
NAME **SHARON KAELIN (SD)**
STREET ADDRESS **17820 GREY BROOKE DR**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **SD** Delete
NAME **FOSTER, GRETCHEN**
STREET ADDRESS **9102 FOX CHASE CIR.**
CITY-ST-ZIP **TAMPA FL**

Change Addition

TITLE **PD** Delete
NAME **KOOLS, JOSEPH**
STREET ADDRESS **17822 GREY BROOKE DRIVE**
CITY-ST-ZIP **TAMPA FL 33647**

Change Addition

TITLE Delete
NAME **SCOTT McPherson**
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. 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 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: *Joseph Kools* **REJOSEPH M. KOOLS** MARCH 1, 2003 (813) 994-8981

CR2E037 (10/02)