

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000999

FILED
Apr 19, 2006
Secretary of State

Entity Name: FOXCHASE CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

815 WICKLOW CT.
ORANGE PARK, FL 32065 US

New Principal Place of Business:

Current Mailing Address:

815 WICKLOW CT.
ORANGE PARK, FL 32065 US

New Mailing Address:

FEI Number: 59-3148672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRABTREE & FALLAR, P. A.
8375 DIV ELLIS TRAIL
STE 401
JACKSONVILLE, FL 32256 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: PD () Delete
Name: CRAIG, LUCINDA
Address: 815 WICKLOW COURT
City-St-Zip: ORANGE PARK, FL 32065

Title: SD (X) Delete
Name: YEDZITZIS, ALLISON
Address: 2662 TRAMORE
City-St-Zip: ORANGE PARK, FL 32065

Title: VPD () Delete
Name: KEITH, AUGUSTA
Address: 2649 TRAMORE
City-St-Zip: ORANGE PARK, FL 32065

Title: TD () Delete
Name: JOHNSON, JOSEPH
Address: 2803 NEWCASTLE DRIVE
City-St-Zip: ORANGE PARK, FL 32065

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:

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: JOSEPH JOHNSON

TD

04/19/2006

Electronic Signature of Signing Officer or Director

Date