2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State
05-04-2007 90283 001 ***122.50

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1. Entity Name
FOXCHASE UNIT THREE PLANNED COMMUNITY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 66041 ORANGE PARK, FL 32065 US	P.O. BOX 66041 ORANGE PARK, FL 32065 US

04252007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3479252 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANSBACHER & MCKELL, P.A.
~~1301 RIVERPLACE BLVD~~
~~STE 2450, RIVERPLACE TOWER~~
JACKSONVILLE, FL ~~32207~~

7. Name and Address of New Registered Agent

Name
Street Address
City

Ansbacher & McKeel, P.A.
8818 Goodbys Executive Drive
Jacksonville, Florida 32217

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

Filing Fee is $61.25
Due by May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LEVY, REBECCA 2701 DARWIN CT ORANGE PARK, FL 32065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, TODD A. 2700 DARWIN COURT ORANGE PARK, FL 32065	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KUSMIERCZYK, ROBERT C 895 CAMP F JOHNSON RD ORANGE PARK, FL 32065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KUSMIERCZYK, ROBERT 895 CAMP F. JOHNSON RD. ORANGE PARK, FL 32065	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MILLER, LYLA 880 CAMP F JOHNSON RD ORANGE PARK, FL 32065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMPSON, ROBERT C. 776 CAMP F. JOHNSON RD. ORANGE PARK, FL 32065	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SIMPSON, BARBARA 776 CAMP F JOHNSON RD ORANGE PARK, FL 32065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SIMPSON, BARBARA A. 776 CAMP F. JOHNSON RD. ORANGE PARK, FL 32065	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

904-272-3258

SIGNATURE: Robert C. Kusmierczyk Robert C. Kusmierczyk April 25, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #