2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # S51877

1. Entity Name

FOX CHASE HOMES, INC.



FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

1830 MEADOWOOD STREET SARASOTA, FL 34231 Mailing Address

1830 MEADOWOOD STREET SARASOTA, FL 34231



01132007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0261179 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEALS, FREDERICK H III 1830 MEADOWOOD ST SARASOTA, FL 34231

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	named entity submits this statement for the ptions of registered agent.	urpose of changing its regis	stered office or r	egistered agent, or both	, in the State of Florida. 1 am familiar with, and accept	_
SIGNATURE.						
	Signature, typed or printed name of registered agent and title	fapplicable (NOTE, Regi	stered Agent signature	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign F Trust Fund Contributi	~	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					-
TITLE	PD					
NAME	BEALS, FREDERICK H., III					i
STREET ADDRESS	1830 MEADOWOOD ST.					
CITY-ST-ZIP	SARASOTA, FL		•			
TITLE	SD					
NAME	BEALS, PATRICIA A.				U00000684183	ı
STREET ADDRESS	1830 MEADOWOOD ST				04/06/07-80022-020 150.00	ı
CITY-ST-ZIP	SARASOTA, FL				orrocker opped den 190.00	
TITLE						

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NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME

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 607, 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:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

15 March 2007 941-780-1255

Daytime Phone #