

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 08, 2009
Secretary of State**

DOCUMENT# 757272

Entity Name: FOX CHASE WEST CONDOMINIUM NO. 1 ASSOCIATION, INC.

Current Principal Place of Business:

FOX CHASE CONDO #1
2375 FOX CHAXE BLVD. #254
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

FOX CHASE CONDO #1
2375 FOX CHAXE BLVD. #254
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 59-2107081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPROWLS, JOSEPH D
11922 TEE TIME CIRCLE
NEW PORT RICHEY, FL 34654 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: BARBER, MARIANNE
Address: 2375 FOX CHASE BLVD #254
City-St-Zip: PALM HARBOR, FL

Title: TD () Delete
Name: MONTANARELLO, MICHAEL
Address: 2375 FOX CHASE BLVD., #261
City-St-Zip: PALM HARBOR, FL

Title: SD () Delete
Name: WALSKO, ELLA
Address: 3380 FOX CHASE BLVD #258
City-St-Zip: PALM HARBOR, FL 34683

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:

I hereby certify that the information supplied with this filing does not qualify 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: MARIANNE BARBER

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date