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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757275 (3)

1. Corporation Name
FOX CHASE WEST CONDOMINIUM NO. 2 ASSOCIATION, INC.



Principal Place of Business 1301 SEMINOLE BLVD. STE 172 LARGO FL 34640 US	Mailing Address 1301 SEMINOLE BLVD. STE 172 LARGO FL 33770-8113 US
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3. Date Incorporated or Qualified 06/30/1981	3a. Date of Last Report 02/08/1996
4. FEI Number 59-2107088	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**LECLERC-THERESE C
1301 SEMINOLE BLVD STE 172
LARGO FL 34640**

10. Name and Address of New Registered Agent

81 Name	DARREN K. SHAW, PRESIDENT
82 Street Address (Not Applicable)	1301 SEMINOLE BLVD #172
83	c/o STERLING MANAGEMENT
84 City	LARGO FL 33770

11. Pursuant to the provisions of Sections 119.02 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2/7/97**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOERR, SHIRLEY	
STREET ADDRESS	3300 FOX CHASE CIR 198	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MEDIGAN, JO	
STREET ADDRESS	3300 FOX CHASE #108	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BALMER, KATHRYN	
STREET ADDRESS	3300 FOX CHASE #215	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM RAGANELLA
2.3 STREET ADDRESS	3300 FOX CHASE CIRCLE #201
2.4 CITY-ST-ZIP	PALM HARBOR, FLA. 34638
3.1 TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOSEPH SUBBIONDO
3.3 STREET ADDRESS	3300 FOX CHASE CIRCLE #228
3.4 CITY-ST-ZIP	PALM HARBOR, FLA. 34638
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/7/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049618

CR2E037 (9/96)