

NONPROFIT CORPORATION
ANNUAL REPORT
1998 1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

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

Principal Place of Business
**Fox Chase #2
Premiere Mng
2350 Fox Chase Blvd
PALM HARBOR, FL 34683**

Mailing Address
**Premiere Mng
Fox Chase #2
PO BOX 2593
TAMPA SPRINGS, FL 34689**

1. Principal Place of Business	2a. Mailing Address
1	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
2	27
City & State	City & State
3	28
Zip	Zip
Country	Country
25	29
	30

3. Date Incorporated or Qualified
06/30/1981

4. FEI Number
59-2107088

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year ~~in~~ Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**Premiere Mng Soc
PO Box 2593
Tampa Springs, FL 34689**

10. Name and Address of New Registered Agent

81 Name	Premiere Mng Soc
82 Street Address (P.O. Box Number is Not Acceptable)	2350 Fox Chase Blvd
83	
84 City	PALM HARBOR FL
85 Zip Code	34683

I, Pursuant to the provisions of Sections 617.0502 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 *Joseph D. Stroux* **JOSEPH D. STROUX** 4-27-99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for reinstating)

2. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PD	1.1 TITLE	PD
NAME	DOERR, SHIRLEY	1.2 NAME	Dorothy Ringelspaugh
STREET ADDRESS	3300 FOX CHASE CIR 198	1.3 STREET ADDRESS	3300 Fox Chase Cir N # 221
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	VPD	2.1 TITLE	VPD
NAME	RAGANELLA, WILLIAM	2.2 NAME	Robert Ringelspaugh
STREET ADDRESS	3300 FOX CHASE CIRCLE #201	2.3 STREET ADDRESS	3300 Fox Chase Cir N # 221
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	STD	3.1 TITLE	STD
NAME	SUBBIONDO, JOSEPH	3.2 NAME	CATHERINE BAUER
STREET ADDRESS	3300 FOX CHASE CIRCLE #228	3.3 STREET ADDRESS	3300 Fox Chase Cir N # 225
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 *Dorothy Ringelspaugh*

CR2E037 (10/97)