

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 757275

FILED
Apr 15, 2003
Secretary of State

Entity Name: FOX CHASE WEST CONDOMINIUM NO. 2 ASSOCIATION, INC.

Current Principal Place of Business:

3300 FOX CHASE CIR N
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

PREMIER MGMT
FOXCHAASE 2- P O BOX 2593
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-2107088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREMIERE MANAGEMENT SVC
9228 CALLE ALTA CT
NEW PORT RICHEY, FL 34655

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: RINGELSPAUGH,
Address: 3300 FOX CHASE CIR N. #221
City-St-Zip: PALM HARBOR, FL 34683

Title: VPD () Delete
Name: RINGELSPAUGH, ROBERT
Address: 3300 FOX CHASE CIR N. #221
City-St-Zip: PALM HARBOR, FL 34683

Title: STD () Delete
Name: FOGARTY, BARBARA
Address: 3300 FOX CHASE CIR. N. #222
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RINGELSPAUGH, DOROTHY
Address: 3300 FOX CHASE CIR N. #221
City-St-Zip: PALM HARBOR, FL 34683

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 for the exemption stated in Section 119.07(3)(i), 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: DOROTHY RINGELSPAUGH

PD

04/15/2003

Electronic Signature of Signing Officer or Director

_____ Date