

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N02206** (3)
1. Corporation Name
FOX CHASE WEST CONDOMINIUM NO. 4 ASSOCIATION, IN C.



Principal Place of Business: **5423 MOSAIC DR HOLIDAY FL 34690**
Mailing Address: **5423 MOSAIC DR HOLIDAY FL 34690**

3. Date Incorporated or Qualified: **03/26/1984**
3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

4. FEI Number: **59-2421207**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SMITH, ROY L.
5423 MOSAIC DR
HOLIDAY FL 34690**

10. Name and Address of New Registered Agent (81-85) fields.

11. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ZINGARO, EILEEN	
STREET ADDRESS	2703 11TH CT	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURKLOW, PATRICIA	
STREET ADDRESS	3259 FOX CHASE #103	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PATTIE, MARY	
STREET ADDRESS	3259 FOX CHASE #106	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	Sandra Uhl	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		3259 FoxChase Cir. N. Unit 204	
1.3 STREET ADDRESS		Palm Harbor, Fl. 34683	
1.4 CITY-ST-ZIP			
2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Roy L. Smith Date: 4-5-96 Daytime Phone #: 813-942-7718

CR2E037 (12/95)