

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
03/26/1984

4. FEI Number 59-2421207	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

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 Intangible Personal Property Tax due June 30. 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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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	SD <input checked="" type="checkbox"/> DELETE
NAME	UHL, SANDRA
STREET ADDRESS	3259 FOXCHASE CIRCLE, N, UNITE 204
CITY-ST-ZIP	PALM HARBOR FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BURKLOW, PATRICIA
STREET ADDRESS	3259 FOX CHASE #103
CITY-ST-ZIP	PALM HARBOR FL
TITLE	TD <input checked="" 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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William Fogarty
1.3 STREET ADDRESS	33048 Leafy Mill Rd.
1.4 CITY-ST-ZIP	N. Ridgeville, Ohio 44039-2357
2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lucus LoCicero
2.3 STREET ADDRESS	818 S. Ocean Ave.
2.4 CITY-ST-ZIP	FreePort NY. 11520
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Aileen Zingaro
3.3 STREET ADDRESS	2703 11th St 43c
3.4 CITY-ST-ZIP	Palm Harbor, Florida 34684
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 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]* 3-20-98 813-947-7718

CR2E07 (10/97)