FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02206

1. Corporation Name

FOX CHASE WEST CONDOMINIUM NO. 4 ASSOCIATION, IN

Principal Place of Business 5423 MOSAIC DR HOUDAY FL 34690 Mailing Address

5423 MOSAIC DR HOLIDAY FL 34690

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90246 047 ****61.25



2 Dringing Di	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	-
—		26 P.O. Box 2	593	03/26/1984	
21 <i>JLJ</i> Suite, Apt.		Suite, Apt. #, etc.	-, -	4. FEI Number	Applied For
22	r, 000.	27		59-2421207	Not Applicable
City & State	一つける。 こうこう つかんつう	City & State 28 TARPON SPRING	57/	_5Certificate of Status Desired	\$8.75 Additional Fee Required
23 <i>FALM</i> Zip	Country	Zip Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24 3468	73 [25] U.SA	29 34688 30	USA	Trust Fund Contribution	Added to Fees
24 9-1-401	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registers	d Agent
			81 Name	1-000 N SPO 015	
SMITH, RO	· ·		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			oz Sileel Add	2350 FOI CHASE BLUD	
5423 MOS HOLIDAY			83		
TOLIDAT	FL 34090		04 07		85 Zip Code
			84 City Pa	LM HARBOR F	L 34483
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above named con	poration submits this statement for the purpose	of changing its registered
office or n	egistered agent or both, in the State of m faintfar with, and accept the obligation	Biorida. Such change was autho	onzea by the corporat	ion's board of directors. I hereby accept the app	oomument as registered
•		nousta to	Hassat	D Spenis 15 H-1	4.44
SIGNATURE	Signature, typed or minted name of registered as int		gistered Agent algnature requir		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	Pe	☐ DELETE	1.1 TITLE - Y	PD	Change Addition
NAME	FOGARTY, WILLIAM		1.2 NAME	- NOT CONEN	
STREET ADDRESS	33048 LEAFY MILL RD		1.3 STREET ADDRESS	PALM HARBOR FL 34	
CITY-ST-ZIP	NORTH RIDGEVILLE OH 44039		1.4 CITY-ST-ZIP	PALM HARBOR FL 34	683
TITLE	TD	☐ DELETE	2.1 TITLE P	D	Change Addition
NAME	LOCICERO, LUCUS		2.2 NAMÉ		
STREET ADDRESS	818 S OCEAN AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FREEPORT NY 11520	/	2. 4 CITY-ST-ZIP		
- TITLE	SD	DELETE -	3.1 TITLE	=	- Change Addition
NAME	ZINGARO, EILEEN		3.2 NAME		
STREET ADDRESS	2703 11TH CT 43C		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34684		3.4. CITY-ST-ZIP		
TILE		☐ DELETE	4.1 TITLE 5	D	☐ Change ☐ Addition
NAME	. ·		4. 2 NAME	MATTHEN SLOAM, JR	•
STREET ADDRESS			4.3 STREET ADDRESS	MATTHEN SLOAN, JR 32.59 FOX CHASE GRELEN	L
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PALM HARBOR, 7L 3468	<u> </u>
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	,		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY OT 710			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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SENIAS OFFICER OR DIRECTOR

3/0/29 727-789-2466 Dayline Phone #