

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90026 041 ****61.25

DOCUMENT # N02206

1. Entity Name

FOX CHASE WEST CONDOMINIUM NO. 4 ASSOCIATION, IN

Principal Place of Business

3259 FOX CHASE CIRCLE N
 PALM HARBOR FL 34683

Mailing Address

P.O. BOX 2593
 TARPON SPGS FL 34688

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2421207**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPROWLS, JOSEPH D
2350 FOX CHASE BLVD.
PALM HARBOR FL 34683

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** Delete
 NAME **FOGARTY, WILLIAM**
 STREET ADDRESS **FOX CHASE CIRCLE N**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **LOCICERO, LUCUS**
 STREET ADDRESS **818 S OCEAN AVE**
 CITY-ST-ZIP **FREEPORT NY 11520**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **SLOAN, MATTHEW JR**
 STREET ADDRESS **3259 FOX CHASE CIRCLE N**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **TD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD Axelrod, Steven** Change Addition
 NAME **3259-Fox Chase Circle N #208**
 STREET ADDRESS **Palm Harbor, FL 34683**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD Burklow, Patricia** Change Addition
 NAME **3259-Fox Chase Circle N #103**
 STREET ADDRESS **Palm Harbor, FL 34683**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Matthew Sloan* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01 727-789-2466

Date Daytime Phone #

CR2E037 (10/00)