

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 13, 2009  
Secretary of State**

DOCUMENT# N02206

Entity Name: FOX CHASE WEST CONDOMINIUM NO. 4 ASSOCIATION, INC.

**Current Principal Place of Business:**

40347 U.S. 19 NORTH  
SUITE #201  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 695  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

FEI Number: 59-2421207      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KARAGIANIS, IRENE  
40347 U.S. 19 N. #201  
TARPON SPRINGS, FL 34689      US

**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: AXELROD, STEVEN  
Address: 20 WOODRIDGE CIR  
City-St-Zip: OLDSMAR, FL 34677

Title: VPD ( ) Delete  
Name: LOCIERO, LUCUS  
Address: 3259 FOX CHASE CIR N #102  
City-St-Zip: PALM HARBOR, FL 34683

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST ( ) Change (X) Addition  
Name: CHAPLISKY, KERRY  
Address: 3259 FOX CHASE CIRCLE N #107  
City-St-Zip: PALM HARBOR, FL 34683 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STEVEN AXELROD

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date