


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90986 022 \*\*\*\*61.25

**DOCUMENT # N02206**

1. Entity Name  
**FOX CHASE WEST CONDOMINIUM NO. 4 ASSOCIATION, IN C.**



Principal Place of Business  
~~3259 FOX CHASE CIRCLE N  
PALM HARBOR FL 34683~~

Mailing Address  
~~P.O. BOX 2883  
TARPON SPRINGS FL 34689~~

2. Principal Place of Business  
**40347 US 19North**

3. Mailing Address  
**P.O. Box 695**

Suite, Apt. #, etc.  
**Suite #201**

City & State  
**Tarpon Springs**

City & State  
**Tarpon Springs, Fl**

4. FEI Number **59-2421207**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~SPROWLS, JOSEPH D.  
9228 CALLE TITH CT  
NEW PORT RICHEY FL 34655~~

**KARAGIANIS, IRENE  
40347 US 19 N.Ste 201  
Tarpon Springs, Fl  
34689**

7. Name and Address of New Registered Agent

Name **Irene Karagianis**

Street Address (P.O. Box Number is Not Acceptable)  
**40347 US 19 N.#201**

City **Tarpon Springs** **FL** **34689**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Irene Karagianis* DATE 3-19-03

Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD AXELROD, KAY 3259 FOX CHICE CIR N #208 PALM HARBOR FL 34683</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD AXELROD, STEVEN 3259 FOX CHASE CIRCLE N., #208 PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LOCEICERO, LUCUS 3259 FOX CHASE CIR N #102 PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD FOGARTY, WILLIAM 3295 Fox Chase Cir. N #208 Paln Harbor, Fl 34683</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Irene Karagianis* DATE: 3/28/03 727-942-4755

CR2E037 (10/02)