


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N20679
 1. Entity Name
FOX CHASE WEST CONDOMINIUM NO. 12 ASSOCIATION, INC.



Principal Place of Business 2197 FOX CHASE BLVD #203 PALM HARBOR, FL 34683	Mailing Address 2197 FOX CHASE BLVD #203 PALM HARBOR, FL 34683
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04282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2839013	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PHILLIPS, BRUCE
 2197 FOR CHASE BLVD #203
 PALM HARBOR, FL 34683

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$81.25
Due by May 1, 2004

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

U000000160048
 05/13/04-80005-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, MARGARET 2197 FOXCHASE BLVD 203 PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PHILLIPS, BRUCE 2197 FOX CAHSE BLVD STE 203 PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOKES, LAUREN 2197 FOXCHASE BLVD 102 PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Margaret Phillips **4-25-04** **727-638-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2788