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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **757272** (0)

1. Corporation Name

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



Principal Place of Business <b>% HOFECO REALTY INC. M.H. HOFMEISTER 2350 FOX CHASE BLVD. PALM HARBOR FL 34683 US</b>	Mailing Address <b>% HOFECO REALTY INC. M.H. HOFMEISTER 2350 FOX CHASE BLVD. PALM HARBOR FL 34683 US</b>
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3. Date Incorporated or Qualified <b>06/30/1981</b>	4. FEI Number <b>59-2107081</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21 2375 Fox Chase Blvd</b>	2a. Mailing Address <b>26 2375 Fox Chase Blvd</b>
Suite, Apt. #, etc. <b>22 Unit-254</b>	Suite, Apt. #, etc. <b>27 Unit-254</b>
City & State <b>23 Palm Harbor, Fl.</b>	City & State <b>28 Palm Harbor, Fl.</b>
Zip <b>24 34683</b>	Country <b>25 Pinellas</b>
Zip <b>29 34683</b>	Country <b>30 Pinellas</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HOFMEISTER, MAURICE H. 2350 FOX CHASE BLVD. PALM HARBOR FL 34683</b>	10. Name and Address of New Registered Agent <b>81 Name Marianne A. Barber 82 Street Address (P.O. Box Number is Not Acceptable) Fox Chase Condominium Asso. #1 83 2375 Fox Chase Blvd-Unit 254 84 City Palm Harbor FL 85 Zip Code 34683</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Marianne A. Barber DATE Jan. 30, 1998

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BARBER, MARIANNE 2375 FOX CHASE BLVD #254 PALM HARBOR FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD SCHAFFER, DAN 2375 FOX CHASE BLVD @263 PALM HARBOR FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD STOVER, JANET 2375 FOX CHASE BLVD., #267 PALM HARBOR FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AHRENS, MARY ANN 2375 FOX CHASE BLVD #250 PALM HARBOR FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROGERS, IRENE 2375 FOX CHASE BLVD., #261 PALM HARBOR FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M HOFMEISTER, MAURICE 2350 FOX CHASE BLVD PALM HARBOR FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>VPD AHRENS, Mary Ann 2375 Fox Chase Blvd #250 Palm Harbor, Fl</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Marianne A. Barber 1/30/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0069578

CR2E037 (10/97)