

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 757272

FILED
Apr 15, 2003
Secretary of State

Entity Name: FOX CHASE WEST CONDOMINIUM NO. 1 ASSOCIATION, INC.

Current Principal Place of Business:

FOX CHASE CONDO #1
2375 FOX CHASE BLVD. #254
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

FOX CHASE CONDO #1
2375 FOX CHASE BLVD. #254
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 59-2107081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPROWLS, JOSEPH
9228 CAHE ALTA CT
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

SPROWLS, JOSEPH D
9228 CALLE ALTA CT
NEW PORT RICHEY, FL 34655 US

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: JOSEPH D. SPROWLS

04/15/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARBER, MARIANNE
Address: 2375 FOX CHASE BLVD #254
City-St-Zip: PALM HARBOR, FL

Title: TD () Delete
Name: MONTANARELLO, MICHAEL
Address: 2375 FOX CHASE BLVD., #261
City-St-Zip: PALM HARBOR, FL

Title: SD () Delete
Name: HAGER, SYLVIA
Address: 2375 FOX CHASE BLVD #248
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: MURPHY, DIANE
Address: 3380 FOX HUNT DRIVE
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIANNE BARBER

PD

04/15/2003

Electronic Signature of Signing Officer or Director

Date