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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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95 MAR 22 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03517 (2)

1. Corporation Name
FOX CHASE WEST CONDOMINIUM NO. 8 ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
C/O MAURICE HOFMEISTER 2350 FOX CHASE BLVD. PALM HARBOR FL 34683	C/O MAURICE HOFMEISTER 2350 FOX CHASE BLVD. PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1984
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2644987 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

HOFMEISTER, MAURICE
2350 FOX CHASE BLVD.
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Maurice H. Hofmeister, Mgr. Maurice H. Hofmeister 3/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	DVP	☒ Addition
NAME	KRAMER, IRENE	12 NAME	MOLLOY, TOM	
STREET ADDRESS	3223 FOX CHASE CIRCLE N. #103	13 STREET ADDRESS	3223 FOX CHASE CIR. N.,#207	
CITY-ST-ZIP	PALM HARBOR FL 34683	14 CITY-ST-ZIP	PALM HARBOR, FL. 34683	
TITLE	~~VPD~~	21 TITLE	Mgr.	☐ Change ☒ Addition
NAME	~~TAYLOR, LORNE~~	22 NAME	Hofmeister, Maurice	
STREET ADDRESS	~~3223 FOX CHASE #206~~	23 STREET ADDRESS	2350 Fox Chase Blvd.	
CITY-ST-ZIP	~~PALM HARBOR FL 34683~~	24 CITY-ST-ZIP	Palm Harbor, Fl. 34683	
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	WERNER, HILDEGARD	32 NAME		
STREET ADDRESS	3223 FOX CHASE #201	33 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME	000001437120	
STREET ADDRESS		43 STREET ADDRESS	-03/22/95--01112--006	
CITY-ST-ZIP		44 CITY-ST-ZIP	****130.00 ****130.00	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

RC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Maurice H. Hofmeister Maurice H. Hofmeister JAN 16 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

813-789-2466
(Daytime Phone #)

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