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Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 34683C/O MAURICE HOFMEISTER
2350 FOX CHASE BLVD.
PALM HARBOR FL 34683-23053. Date Incorporated or Qualified
06/05/19843a. Date of Last Report
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Zip

Country

4. FEI Number

59-2644987

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP ☐ DELETE
NAME MOLLOY, TOM
STREET ADDRESS 3223 FOX CHASE CIRCLE N. #103
CITY-ST-ZIP PALM HARBOR FL 346831.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE M ☐ DELETE
NAME HOFMEISTER, MAURICE
STREET ADDRESS 2350 FOX CHASE BLVD
CITY-ST-ZIP PALM HARBOR FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE ~~VP~~ ☒ DELETE
NAME ~~WHITELOCK, SABINE~~
STREET ADDRESS ~~3223 FOX CHASE CIRCLE N. #103~~
CITY-ST-ZIP ~~PALM HARBOR FL~~3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE VPD ☐ DELETE
NAME MARIANNI, JUNE
STREET ADDRESS 3223 FOX CHASE CIRCLE N #205
CITY-ST-ZIP PALM HARBOR FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ~~VP~~ ☒ DELETE
NAME ~~SPAIN, MIKE~~
STREET ADDRESS ~~3223 FOX CHASE CIRCLE N #205~~
CITY-ST-ZIP ~~PALM HARBOR FL~~5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME KRAMER, IRENE
STREET ADDRESS 3223 FOX CHASE CIRCLE N #103
CITY-ST-ZIP PALM HARBOR FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

JAN 14 1997 8:137892466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0089668

CR2E037 (9/96)