

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR 98-99

1998-1999 AR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N03517

1. Corporation Name

FOX CHASE WEST CONDOMINIUM NO. 8 ASSOCIATION, INC.

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~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

1452 Bay View St.

Suite, Apt. #, etc.

City & State

Tarpon Springs

Zip

34689

Country

3. New Mailing Office Address, If Applicable

P.O. Box 2593

Suite, Apt. #, etc.

City & State

Tarpon Springs

Zip

34688

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/05/1984

5. FEI Number

59-2644987

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4	City / State / Zip
MD		MOLLOY, TOM		3223 FOX CHASE CIRCLE N. #103 207		PALM HARBOR FL 34683
M		HOFMEISTER, MAURICE		<del>2350 FOX CHASE BLVD.</del>		<del>PALM HARBOR FL</del>
VPD		MARIANNI, JUNE		3223 FOX CHASE CIRCLE N #205		PALM HARBOR FL
PD		KRAMER, IRENE		<del>3223 FOX CHASE CIRCLE N #103</del>		<del>PALM HARBOR FL</del>
JS		MAI SIANI		3223 Fox Chase Circle		Palm Harbor FL

8. Name and Address of Current Registered Agent

HOFMEISTER, MAURICE

~~2350 FOX CHASE BLVD.~~

~~PALM HARBOR FL 34683~~

9. Name and Address of New Registered Agent

Name

JOSEPH D. SPROWLS

Street Address (P.O. Box Number is Not Acceptable)

1452 Bay View St.

Suite, Apt. #, Etc.

City

Tarpon Springs

State

FL

Zip Code

34689

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/2/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS MOLLOY, PRES.

12/2/98

727-785-6060

Daytime Phone #