

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**  
 05-09-2002 90008 006 \*\*\*\*61.25

**DOCUMENT # N03517**

1. Entity Name

**FOX CHASE WEST CONDOMINIUM NO. 8 ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2350 FOX CLUSE BLVD  
 PALM HARBOR FL 34683**

**PO BOX 2583  
 TARPON SPRINGS FL 34688**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**3228 Fox Chase Cir N  
 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

City & State

City & State

**34683 Pinellas**

Zip

Country

Zip

Country

4. FEI Number

**59-2644987**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPROWLS, JOSEPH D.  
 2350 FOX CHASE BLVD  
 PALM HARBOR FL 34683**

**9228 Calle Alta  
 CT  
 New Port Richey, FL  
 34655**

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/15/02**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Delete  
 NAME **SIANI, MAI**  
 STREET ADDRESS **2350 FOX CHASE CIRCLE**  
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD** ☐ Delete  
 NAME **KESSLER, ANTOINETTE**  
 STREET ADDRESS **3223 FOX CHASE CIRCLE N, STE 106**  
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **STD** ☐ Delete  
 NAME **WERNER, HILDEGARD**  
 STREET ADDRESS **3223 FOX CLUSE CIR N, STE 201**  
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**MAI SIANI**  
**MAI SIANI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/02 727-375-7800**

Date

Daytime Phone #

CR2E037 (9/01)