


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90043 025 ****61.25

DOCUMENT # N03517	
1. Entity Name FOX CHASE WEST CONDOMINIUM NO. 8 ASSOCIATION, INC.	

Principal Place of Business 40347 US 19 NORTH SUITE 201 TARPON SPRINGS FL 34689	Mailing Address PO BOX 695 TARPON SPRINGS FL 34689
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2644987	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	

6. Name and Address of Current Registered Agent KARAGIANIS, IRENE 40347 US 19 N. #201 TARPON SPRINGS FL 34689		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIANI, MAI 2350 FOX CHASE CIRCLE PALM HARBOR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Siani, Mai 3223 Fox Chase Cir N #204 Palm Harbor, FL 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOHN, TINA 3223 FOX CHASE CIRCLE N, STE 107 PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kohn, Tina 3223 Fox Chase Circle N # 107 Palm Harbor, FL 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WERNER, HILDEGARD 3223 FOX CLUSE CIR N, STE 201 PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> 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: Tina Kohn 3/1/04 727-942-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #