

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90986 021 ****61.25

DOCUMENT # N03517

1. Entity Name

FOX CHASE WEST CONDOMINIUM NO. 8 ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~3999 FOX CHASE CIRCLE N~~
~~PALM HARBOR FL 34683~~

~~PO BOX 2393~~
~~TARPON SPRINGS FL 34689~~

2. Principal Place of Business

40347 US 19 North

3. Mailing Address

P.O. BOX 695

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

Zip

34689

Country

Pinellas

Zip

34689

Country

Pinellas

4. FEI Number **59-2644987**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

~~SPROWLS, JOSEPH D.~~
~~9290 CIRCLE ALTA OT~~
~~NEW PORT RICHEY FL 34655~~

KARAGIANIS, IRENE

40347 US 19 N. Ste 201

Tarpon Springs, FL 34689

7. Name and Address of New Registered Agent

Name

Irene Karagianis

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

40347 US 19 N. #201

City

Tarpon Springs

FL

Zip Code

34689

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

Irene Karagianis

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-19-03

FILE NOW: FEE IS \$61.25

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD** ☐ Change ☒ Addition
NAME **KOHN, TINA**
STREET ADDRESS **3223 Fox Chase Circle N. #107**
CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE **STD** ☐ Change ☒ Addition
NAME **MOLLOY, THOMAS**
STREET ADDRESS **3223 Fox Chase Circle N #207**
CITY-ST-ZIP **Palm Harbor, FL 34683**

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

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

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

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:

Thomas J. Molloy Esq.

727 242-4755

CR2E037 (10/02)