

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N03520

1. Entity Name
FOX CHASE WEST CONDOMINIUM NO. 6 ASSOCIATION,
INC.



Principal Place of Business
HOFCO, INC
35246 US 19 N, STE 255
PALM HARBOR, FL 34684 US

Mailing Address
HOFCO, INC
35246 US 19 N, STE 255
PALM HARBOR, FL 34684 US



01232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2639203 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MASSIE, JERRY
35248 US 19 N
STE 255
PALM HARBOR, FL 34684

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CLARK, MICHELE
STREET ADDRESS 3295 FOXCHASE CIR. #103
CITY-ST-ZIP PALM HARBOR, FL

TITLE VPD
NAME HUGGINS, JULIETTE
STREET ADDRESS 3295 FOX CHASE CIR. N. #108
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE TD
NAME BROWN, MICHELLE
STREET ADDRESS 3295 FOX CHASE CIR. N. #202
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE M
NAME MASSIE, JERRY
STREET ADDRESS 35246 US 19 N, STE 255
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000241135
02/24/05-80025-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Jerry Massie JERRY MASSIE 2-19-05 942-6616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #