

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03520

FILED  
Mar 17, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2639203      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MASSIE, JERRY  
35246 US 19 N  
STE 255  
PALM HARBOR, FL 34684 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CLARK, MICHELE,  
Address: 3295 FOXCHASE CIR. #103  
City-St-Zip: PALM HARBOR, FL

Title: VD ( ) Delete  
Name: ROSE, CATHY  
Address: 3295 FOXCHASE CIRCLE NORTH #106  
City-St-Zip: PALM HARBOR, FL 34683

Title: M ( ) Delete  
Name: MASSIE, JERRY  
Address: 35246 US 19 N, STE 255  
City-St-Zip: PALM HARBOR, FL 34684

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CLARK, MICHELE,  
Address: 3295 FOXCHASE CIR. #103  
City-St-Zip: PALM HARBOR, FL 34683

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY MASSIE

M

03/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date