

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **N33096** (1)
1. Corporation Name
SOUTHCHASE PARCEL 6 COMMUNITY ASSOCIATION, INC.

RECEIVED
MAY 11 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
P.O. BOX 1911 ORLANDO FL 32802 P.O. BOX 1911 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30 Country

3. Date Incorporated or Qualified **06/30/1989** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3023308** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ROSSI, MEGAN
12504 BRITWELL CT.
ORLANDO FL 32837**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent available upon request)

Registered Agent Signature (Typed or printed name available upon request)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DODGE, WARREN
STREET ADDRESS	12328 ABBERTON DR.
CITY ST ZIP	ORLANDO FL 32837
TITLE	VD
NAME	ROSSI, MEGAN
STREET ADDRESS	12504 BRITWELL CT.
CITY ST ZIP	ORLANDO FL 32837
TITLE	STD
NAME	DUPONT, KAREN
STREET ADDRESS	12648 OLD CASTLE DRIVE
CITY ST ZIP	ORLANDO FL 32837
TITLE	D
NAME	FERNANDEZ, MARILYN
STREET ADDRESS	1307 BRACKNELL CT.
CITY ST ZIP	ORLANDO FL 32837
TITLE	D
NAME	DEAZUERO, ALEX
STREET ADDRESS	12606 CHELMSFORD CT.
CITY ST ZIP	ORLANDO FL 32837
TITLE	D
NAME	HOYTE, DEYMON
STREET ADDRESS	1301 BRAXTED CT.
CITY ST ZIP	ORLANDO FL 32837

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Rossi, Megan
13 STREET ADDRESS	12504 Britwell Court
14 CITY ST ZIP	Orlando, Florida 32839
21 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Deazuero, Alexander W.
23 STREET ADDRESS	12606 Chelmsford Court
24 CITY ST ZIP	Orlando, Florida 32839
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Delete
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Delete
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Delete
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Megan R Rossi* Pies. 50 Parcel 6 5/9/95 (407)4380969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR