

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

Amended

DOCUMENT # N 33096

1. Corporation Name  
**SOUTHCHASE PARCEL 6 COMMUNITY ASSOCIATION, INC.**  
**820 PALMWAY STREET**  
**Kissimmee, Fl 34744**

Principal Place of Business Mailing Address  
**C/o World of Homes**  
**820 Palmway Street**  
**Kissimmee, Fl 34744**

FILED  
 DEC - 6 AM 9:52  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

MWB  
 2/6/96

3. Date Incorporated or Qualified **6/30/1989** 3a. Date of Last Report **7/1/96**

2. Principal Place of Business 2a. Mailing Address  
 21 **World of Homes** 26 **820 Palmway St.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 **Kissimmee, Fl** 28 **Kissimmee, Fl**  
 Zip Country Zip Country  
 24 **34744** 25 **Osceola** 29 **34744** 30 **Osceola**

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  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**Victoria Equities**  
**P.O. Box 1911**  
**Orlando, FL 32802**

10. Name and Address of New Registered Agent  
 81 Name **Ferdinandson Enterprises, Inc.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **DBA WORLD OF HOMES**  
 83 **820 Palmway St.**  
 84 City **Kissimmee** FL 85 Zip Code **34744**

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]* DATE **11-11-96**

12. OFFICERS AND DIRECTORS  

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Megan Rossi</b>	
STREET ADDRESS	<b>12504 Britwell Court</b>	
CITY-ST-ZIP	<b>Orlando, Fl 32837</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Alex Dueazuro</b>	
STREET ADDRESS	<b>12606 Chelmsford Court</b>	
CITY-ST-ZIP	<b>Orlando, Fl 32837</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>Tim Linstad</b>	
STREET ADDRESS	<b>1416 Abberton Court</b>	
CITY-ST-ZIP	<b>Orlando, Fl 32837</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Tim Linstad</b>	
1.3 STREET ADDRESS	<b>1416 Abberton Ct.</b>	
1.4 CITY-ST-ZIP	<b>Orlando, Fl 32837</b>	
2.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Ben Pinsky</b>	
2.3 STREET ADDRESS	<b>12526 Braxted Ct.</b>	
2.4 CITY-ST-ZIP	<b>Orlando, Fl 32837</b>	
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Tom Mahoney</b>	
3.3 STREET ADDRESS	<b>1421 Bradwell Ct.</b>	
3.4 CITY-ST-ZIP	<b>Orlando, Fl 32837</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>400002024594--6</b>	
5.3 STREET ADDRESS	<b>-12/10/96--01084--004</b>	
5.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(k), 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: *[Signature]* DATE **10-1-96** Daytime Phone #

CR2E034 (3/96)