


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90124 003 ****61.25

DOCUMENT # N33096 1. Entity Name SOUTHCHASE PARCEL 6 COMMUNITY ASSOCIATION, INC.		
Principal Place of Business 8009 SOUTH ORANGE AVE. ORLANDO, FL 32809-6711 US		Mailing Address 8009 SOUTH ORANGE AVE. ORLANDO, FL 32809-6711 US
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip - - - - - Country		Zip - - - - - Country
6. Name and Address of Current Registered Agent FURLOW, REBECCA 8009 S ORANGE AVE ORLANDO, FL 32809		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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: <u><i>Rebecca Furlow</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: STD NAME: WISNESKI, CARL STREET ADDRESS: 1329 WELSON RD CITY-ST-ZIP: ORLANDO, FL 32837	<input type="checkbox"/> Delete	TITLE: President NAME: Hudson, Rubye STREET ADDRESS: 12541 Westhope Drive CITY-ST-ZIP: Orlando, FL 32837
TITLE: VPD NAME: HUDSON, RUBYE STREET ADDRESS: 12541 WESTHOPE DR CITY-ST-ZIP: ORLANDO, FL 32837	<input type="checkbox"/> Delete	TITLE: Vice President NAME: Hoyte, Raymond STREET ADDRESS: 1301 Bracknell Court CITY-ST-ZIP: Orlando, FL 32837
TITLE: PD NAME: SFARA, KAREN M STREET ADDRESS: 12440 BRAXTED DRIVE CITY-ST-ZIP: ORLANDO, FL 32837	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ 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: <u><i>Rebecca Furlow</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>5/9/05</u> <small>Date Daytime Phone #</small>

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4. FEI Number 59-3023308 Applied For Not Applicable

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