

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33096

FILED
Apr 22, 2008
Secretary of State

Entity Name: SOUTHCHASE PARCEL 6 COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

8009 SOUTH ORANGE AVE.
ORLANDO, FL 328096711 US

New Principal Place of Business:

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

Current Mailing Address:

8009 SOUTH ORANGE AVE.
ORLANDO, FL 328096711 US

New Mailing Address:

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

FEI Number: 59-3023308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822 US

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: RUBY HUDSON

04/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUDSON, RUBY
Address: 12541 WESTHOPE DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: VP () Delete
Name: PINSKY, BRIDGET
Address: 12526 BRAXTED DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: S/TR () Delete
Name: WISNESKI, CARL
Address: 1329 WELSON ROAD
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: HUDSON, RUBY
Address: 12541 WESTHOPE DRIVE
City-St-Zip: ORLANDO, FL 32837

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: RUBY HUDSON

PR

04/22/2008

Electronic Signature of Signing Officer or Director

Date