

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N33097** (9)

1. Corporation Name

SOUTHCHASE PARCELS 1 AND 6 MASTER ASSOCIATION, I NC.



Principal Place of Business	Mailing Address
1637 E. VINE ST STE E KISSIMMEE FL 34744 US	1637 E. VINE ST STE E KISSIMMEE FL 34744 US

3. Date Incorporated or Qualified 06/30/1989	3a. Date of Last Report 05/01/1995
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

4. FEI Number 59-3037109	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEAZUERO, ALEX 12606 CHELMSFORD CT ORLANDO FL 32837				81. Name	Leland Enterprises, Inc.		
				82. Street Address (P.O. Box Number is Not Acceptable)	1637 E. Vine Street, Suite E		
				83.	Attn: Emily Badger		
				84. City	Kissimmee	FL	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **4-25-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STDG <input checked="" type="checkbox"/> DELETE	1.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRELINGER, DAN	1.2 NAME	Lisa A. Weathers
STREET ADDRESS	11918 FRIETH DRIVE	1.3 STREET ADDRESS	1637 E. Vine Street, Suite E
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAZUERO, ALEX	2.2 NAME	
STREET ADDRESS	1266 CHELMSFORD CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, MEGAN	3.2 NAME	Megan Rossi
STREET ADDRESS	1637 E VINE ST, STE E	3.3 STREET ADDRESS	12319 S. Orange Blossom Trail, Suite 188
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESLIE, MONA	4.2 NAME	Miguel Garica
STREET ADDRESS	2149 TIPTREE CIRCLE	4.3 STREET ADDRESS	11948 Frieth Drive
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOVAK, JAMES	5.2 NAME	Cesar Borri
STREET ADDRESS	1631 BURRYPORT	5.3 STREET ADDRESS	11953 Frieth Drive
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Lisa A. Weathers** DATE: **4-25-96** (407) 931-0400 Daytime Phone #

CR2E037 (12/95)