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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33097** (9)
1. Corporation Name
SOUTHCHASE PARCELS 1 AND 6 MASTER ASSOCIATION, I NC.



Principal Place of Business 1637 E. VINE ST STE E KISSIMMEE FL 34744 US	Mailing Address 1637 E. VINE ST STE E KISSIMMEE FL 34744-3744 US
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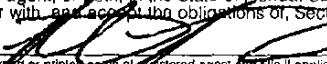
3. Date Incorporated or Qualified 06/30/1989	3a. Date of Last Report 04/30/1996
4. FEI Number 59-3037109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <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	

2. Principal Place of Business 21 1633 E. Vine St.	2a. Mailing Address 26 1633 E. Vine St.
Suite, Apt. #, etc. 22 Suite 207	Suite, Apt. #, etc. 27 Suite 207
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**LELAND ENTERPRISES INC
ATTN: EMILY BADGER
1637 E. VINE STREET STE. E
KISSIMMEE FL 34744**

10. Name and Address of New Registered Agent
81 Name
Leland Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
1633 E. Vine St. Suite 207
83
Attn: Richard Bradley
84 City
Kissimmee 85 Zip Code
FL 34744

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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  DATE **4/1/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	STD WEATHERS, LISA A. <input checked="" type="checkbox"/> DELETE
NAME	1637 E. VINE STREET SUITE E
STREET ADDRESS	KISSIMMEE FL
CITY-ST-ZIP	
TITLE	PD DEAZUERO, ALEX <input checked="" type="checkbox"/> DELETE
NAME	1288 CHELMSFORD CT
STREET ADDRESS	ORLANDO FL
CITY-ST-ZIP	
TITLE	D ROSSI, MEGAN <input checked="" type="checkbox"/> DELETE
NAME	12319 SOUTH ORANGE BLOSSOM TRAIL STE 188
STREET ADDRESS	ORLANDO FL
CITY-ST-ZIP	
TITLE	VPD MIGUEL, CARICA <input type="checkbox"/> DELETE
NAME	11048 FRIETH DRIVE
STREET ADDRESS	ORLANDO FL
CITY-ST-ZIP	
TITLE	D CESAR, CORRI <input checked="" type="checkbox"/> DELETE
NAME	11053 FRIETH DRIVE
STREET ADDRESS	ORLANDO FL
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	DST <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carney Petillo
1.3 STREET ADDRESS	1931 Tiptree Cr.
1.4 CITY-ST-ZIP	Orlando, FL 32837
2.1 TITLE	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ben Pinsky
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Orlando, FL 32837
3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tim Linstad
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Orlando, FL 32837
4.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dennis Hassard
5.3 STREET ADDRESS	2027 Tiptree Cr.
5.4 CITY-ST-ZIP	Orlando, FL 32837
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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  DATE **4-22-97** **4078460396**

CR2E037 (9/96)