

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 18, 2000 8:00 am
Secretary of State

04-18-2000 90231 021 ****61.25

DOCUMENT # N33097

1. Entity Name

SOUTHCHASE PARCELS 1 AND 6 MASTER ASSOCIATION, I

Principal Place of Business

1633 E VINE ST
 SUITE 207
 KISSIMMEE FL 34744
 US

Mailing Address

1633 E VINE ST
 SUITE 207
 KISSIMMEE FL 34744-3705
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3037109

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent

~~LELAND MANAGEMENT INC~~
~~1633 E VINE ST., SUITE 207~~
~~ATTN: RICHARD BRADLEY~~
~~KISSIMMEE FL 34744~~

7. Name and Address of New Registered Agent

Name **WORLD OF HOMES**
 Street Address (P.O. Box Number is Not Acceptable) **820 Palmway St**
 City **Kissimmee** FL Zip **34744**

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.

SIGNATURE

[Handwritten Signature]

3/12/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES \$61.25

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DST	<input type="checkbox"/> Delete
NAME	PETILLO, CARNEY	
STREET ADDRESS	1931 TIPTREE CR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	PINSKY, BEN	
STREET ADDRESS	1266 CHELMSFORD CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINSTAD, TIM	
STREET ADDRESS	12319 SOUTH ORANGE BLOSSOM TRAIL STE 188	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GARCIA, MIGUEL A	
STREET ADDRESS	11948 FRIETH DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HASSARD, DENNIS	
STREET ADDRESS	2027 TIPTREE CR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature] **5/9/00**

Date

Daytime Phone #

CR2E037 (9/99)