

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90209 003 \*\*\*\*61.25

**DOCUMENT # N33097**

1. Entity Name  
**SOUTHCHASE PARCELS 1 AND 6 MASTER  
ASSOCIATION, INC.**



Principal Place of Business  
**820 PALMWAY ST.  
KISSIMMEE, FL 34744 US**

Mailing Address  
**820 PALMWAY ST.  
KISSIMMEE, FL 34744 US**

**40055898**



2. Principal Place of Business  
**2884 S. Osceola Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**2884 S. Osceola Ave.**  
Suite, Apt. #, etc.

01192006 Chg-NP CR2E037 (11/05)

City & State  
**Orlando, FL**  
Zip  
**32806**  
Country  
**U.S.A.**

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**32806**  
Country  
**U.S.A.**

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

**WORLD OF HOMES  
2884 S. OSCEOLA AVENUE  
ORLANDO, FL 32806**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
PETILLO, CARNEY  
1931 TIPTREE CR  
ORLANDO, FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RUSSI, AL  
12504 BRITWELL  
ORLANDO, FL 32837** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HUDSON, RUBY  
12541 W HOPE  
ORLANDO, FL 32837** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
HASSARD, DENNIS  
2027 TIPTREE CR  
ORLANDO, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MORELLI, HOLLY  
11820 HULLBRIDGE  
ORLANDO, FL 32837** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SFARA, KAREN  
12440 BRAXTEN RD  
ORLANDO, FL 32837** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P.D  
Garcia, Miguel  
11948 Frieth Drive  
Orlando, FL 32837** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/12/06**