



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90208 010 \*\*\*\*61.25

<b>DOCUMENT # N33097</b>					
<b>1. Entity Name</b> SOUTHCHASE PARCELS 1 AND 6 MASTER ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2884 S OSCEOLA AVE ORLANDO, FL 32806 US		<b>Mailing Address</b> 2884 S OSCEOLA AVE ORLANDO, FL 32806 US			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3037109	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>Applied For</b> Not Applicable		01072008 Chg-NP CR2E037 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> WORLD OF HOMES 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip _____			
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MIGUEL		NAME	Dennis Hassard	
STREET ADDRESS	11948 FRIETH DR		STREET ADDRESS	2027 Tiptree Cir	
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP	Orlando, FL 32837	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, RUBY		NAME	Miguel Garcia	
STREET ADDRESS	12541 W HOPE		STREET ADDRESS	11948 Frieth Dr	
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP	Orlando, FL 32837	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSARD, DENNIS		NAME	Holly Morelli	
STREET ADDRESS	2027 TIPTREE CR		STREET ADDRESS	11820 Hullbridge	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	Orlando, FL 32837	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORELLI, HOLLY		NAME	Cheryl Merrihew	
STREET ADDRESS	11820 HULLBRIDGE		STREET ADDRESS	11806 New Chapel Ct	
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP	Orlando, FL 32837	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINSKY, BRIDGET		NAME		
STREET ADDRESS	12526 BRAXTEN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> _____			Date: 2/27/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					