

**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 # **N33740** (4)  
1. Corporation Name  
**SOUTHCHASE PARCEL I COMMUNITY ASSOCIATION, INC.**



Principal Place of Business: 1637 E VINE STREET STE E KISSIMMEE FL 34744 US  
Mailing Address: 1637 E VINE STREET STE E KISSIMMEE FL 34744 US

3. Date Incorporated or Qualified: 08/14/1989  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-2996064  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: DAUGHERTY, PATRICIA, 250 N ORANGE AVE., STE 1100, ORLANDO FL 32801  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: GRELLINGER, DAN STREET ADDRESS: 11918 FRIETH DRIVE CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: Cesar Borri 1.3 STREET ADDRESS: 11953 Frieth Drive 1.4 CITY-ST-ZIP: Orlando, FL 32837	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: LESLIE, MONA STREET ADDRESS: 2149 TIPTREE CIRCLE CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> DELETE	2.1 TITLE: VD 2.2 NAME: Maria Hamilton 2.3 STREET ADDRESS: 11966 Freith Drive 2.4 CITY-ST-ZIP: Orlando, FL 32837	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: WEATHERS, LISA STREET ADDRESS: 720 BRIGHTON PLACE BLVD CITY-ST-ZIP: KISSIMMEE FL	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: DRUDGE, DEREK STREET ADDRESS: 11885 SINDLESHAM COURT CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME: Joe Cruz 4.3 STREET ADDRESS: 2009 Ipsden Drive 4.4 CITY-ST-ZIP: Orlando, FL 32837	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: NOVAK, JAMES STREET ADDRESS: 1631 BURRYPORT CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: Carney Petillo 5.3 STREET ADDRESS: 1931 Tiptree Circle 5.4 CITY-ST-ZIP: Orlando, FL 32837	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: O'BRIEN, DAVID STREET ADDRESS: 2054 IPSDEN DRIVE CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> DELETE	6.1 TITLE: D 6.2 NAME: Miguel Garica 6.3 STREET ADDRESS: 11948 Freith Drive 6.4 CITY-ST-ZIP: Orlando, FL 32837	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lisa A. Weathers Lisa A. Weathers 4-25-96 (407)931-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)