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May 13 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 # 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 34744-3744 US
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3. Date Incorporated or Qualified 08/14/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2996064	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. Suite, Apt. #, etc. 22 Suite 207 City & State 23 Zip 24	2a. Mailing Address 26 1633 E. Vine St. Suite, Apt. #, etc. 27 Suite 207 City & State 28 Zip 29	Country 25	Country 30
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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 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRELLINGER, DAN	
STREET ADDRESS	11918 FRIETH DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LESLIE, MONA	
STREET ADDRESS	2149 TIPTREE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WEATHERS, LISA	
STREET ADDRESS	720 BRIGHTON PLACE BLVD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DRUDGE, DEREK	
STREET ADDRESS	11885 SINDLESHAM COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NOVAK, JAMES	
STREET ADDRESS	1631 BURRYPORT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, DAVID	
STREET ADDRESS	2054 IPSDEN DRIVE	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<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	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Miguel Garcia	
2.3 STREET ADDRESS	11948 Frieth Dr.	
2.4 CITY-ST-ZIP	Orlando, FL 32837	
3.1 TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dennis Massard	
3.3 STREET ADDRESS	2027 Tiptree Cr.	
3.4 CITY-ST-ZIP	Orlando, FL 32837	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John Guerra	
4.3 STREET ADDRESS	11842 New Chapel Ct.	
4.4 CITY-ST-ZIP	Orlando, FL 32837	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Pablo Marquez	
5.3 STREET ADDRESS	11854 New Chapel Ct.	
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: _____ **REQUIRED** _____ DATE: **4-22-97** DAYTIME PHONE #: **407 846 0346**

CR2E037 (9/96)