

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33740

1. Entity Name

SOUTHCHASE PARCEL I COMMUNITY ASSOCIATION, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90295 033 ****61.25

Principal Place of Business 820 PALM WAY STREET KISSIMMEE FL 34744 US	Mailing Address WORLD OF HOMES 820 PALM WAY STREET KISSIMMEE FL 34744-4542 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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. Name and Address of Current Registered Agent

DIAZ, VICKI
C/O WORLD OF HOMES
820 PALMWAY STREET
KISSIMMEE FL 34744

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.

SIGNATURE *Vicki Diaz* DATE **1-10-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
FEE IS \$61.25**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MORELLI, HOLLY
STREET ADDRESS	11820 HULLBRIDGE COURT
CITY-ST-ZIP	ORLANDO FL 32837
TITLE	DVP <input type="checkbox"/> Delete
NAME	GARCIA, MIGUEL
STREET ADDRESS	11948 FREITH DRIVE
CITY-ST-ZIP	ORLANDO FL 32837
TITLE	DP <input type="checkbox"/> Delete
NAME	CARNEY, PETILLO
STREET ADDRESS	1931 TIP TREE CIRCLE
CITY-ST-ZIP	ORLANDO FL 32837
TITLE	DST <input type="checkbox"/> Delete
NAME	HASSARD, D
STREET ADDRESS	TIP TREE CIR
CITY-ST-ZIP	ORLANDO FL 32837
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MARQUEZ, PABLO
STREET ADDRESS	11854 NEW CHAPEL CT
CITY-ST-ZIP	ORLANDO FL 32837
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Addition
NAME	D Shannon Brittan
STREET ADDRESS	4925 Frieth DR.
CITY-ST-ZIP	Orlando, FL 32837
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]* DATE: **1-10-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)