FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N34

N34126

(5)

SOUTHCHASE-EAST PROPERTY OWNERS' ASSOCIATION, IN C.											
Principal Place of Business Mailing Address							1 200 10201 200 10110 2010 1 111	H 11717 Till	OHON THOM	HAND BODDY (EX	EN BIGIT 190)
4830 W KENNEDY BOULEVARD ONE URBAN CENTRE. SUITE 740 TAMPA FL 33609 TAMPA FL 33609-2564											
							3. Date incorporated or Qu 09/12/1989	alitied	Sa. Date	of Last R 1/24/199	eport 6
2. Principal P	Principal Place of Business 2a. Mailing Address 26						4. FEI Number 59-3021744) 	oplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desi	red	9	\$8.75 Fee Re	Additional equired
City & State City & State							6. Election Campaign Finar	cina		\$5.00	May Re
23	28						Trust Fund Contribution				to Fees
Zip	Country	Zip		ountry	/		8. This corporation has liab				199.032,
24	9. Name and Address of Current Registered Agent					لـــــــــــــــــــــــــــــــــــــ	Florida Statutes 10. Name and Address of I			No	
	9. Name and Address of Curr	ent Registered Agent		81	Name		10. Name and Address of F	tew Hegi	SIOTOO A	Setur	
DDAV I	YUN TI			62	1						
BRAY, JACK H. ONE URBAN CENTRE, 4830 W. KENNEDY BLVD.					Street	Addres	ss (P.O. Box Number is Not Ad	ceptable)		
SUITE 740					 	····					
TAMPA FL 33609					-					1221 AC	
					City				FL	85 Zip	Code
11. Pursuant office or i agent. La	to the provisions of Sections 617.05 registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 617,1508, Florida Sta te of Florida. Such change wa gations of, Section 617,0503,	lutes, the s authoria Florida S	abov zed by tatute	e-named y the cor s.	corpoi poratio	ration submits this statement f n's board of directors. I hereb	or the pui y accept	pose of the appo	hanging it ntment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (N	OTE: Registe	ered Ag	ent eignature	berkipet e	when reinstating)		DATE		}
12.		ND DIRECTORS	13	3.			ADDITIONS/CHANGES TO	OFFICE	RS AND	DIRECTOR	IS IN 12
TATLE				TITLE					[Change	Addition
NAME	BRAY, JACK H.		1.2	1.2 NAME		ļ					
STREET ADDRESS	4830 W KENNEDY BLVD.		1,9 STRI		ADDRESS						į
CITY - ST - ZIP				CITY-S	ST-ZIP					1	
TITLE	SD SOCO CAMUSE V	= · · · · · · · · · · · · · · · · · · ·		TITLE		1			·	Change	Addition
NAME	ROSS, SAMUEL K.		•	2.2 NAME							ļ
STREET ADORESS	4830 W KENNEDY BLVD.			2.3 STREET ADDRESS		ļ					
CITY-ST-ZIP TITLE	TAMPA FL TO	DELETE		4 CITY-	ST-ZIP			H\$1 *	,. <u>[</u>	Change	Addition
NAME	GREEN, DANIEL B.	UL VIELIE		NAME				на; -		and Crimings	
STREET ADDRESS	4830 W KENNEDY BLVD.		1		T ADDRESS	1					\
CITY-ST-ZIP	TAMPA FL			I. CITY-		1					
TITLE		DELETE	.,,,,,	TITLE	V) - EII	 				Change	Addition
NAME			4.	2 NAME						_ •	
STREET ADDRESS			4.3	STREET	f address						
CITY-ST-ZIP	1		4.6	CTY-S	ST-ZIP	1					Ì
TATLE		DELETE		TITLE						Change	☐ Addition
NAME			5.2	NAME		1			٠		ļ
STREET ADDRESS			5.3	STREET	T ADDRESS	1					j
CITY+ST-ZIP			5.4	CITY-	ST-ZIP	<u> </u>					
TITLE		☐ DELETE	6.1	TITLE		\			7	Change	Addition
NAME			6.2	NAME		-					ļ

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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

4/15/97

FILED

May 19 1997 8:00am

Secretary of State

Daytime Phone # 0047698