

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2009  
Secretary of State**

DOCUMENT# N34126

Entity Name: SOUTHCHASE-EAST PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

400 N ASHLEY DR, SUITE 3010  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 N ASHLEY DR, SUITE 3010  
TAMPA, FL 33602 US

**New Mailing Address:**

FEI Number: 59-3021744      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LEMONS, DAWN M  
400 N ASHLEY DR, SUITE 3010  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRAY, JOHN H  
Address: 400 N ASHLEY DR, SUITE 3010  
City-St-Zip: TAMPA, FL 33602 US

Title: VDS ( ) Delete  
Name: TROUTMAN, JOHN C  
Address: 4100 NEWPORT PLACE, SUITE 800  
City-St-Zip: NEWPORT BEACH, CA 92660 US

Title: VDT ( ) Delete  
Name: LEMONS, DAWN M  
Address: 400 N ASHLEY DR, SUITE 3010  
City-St-Zip: TAMPA, FL 33602 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN M. LEMONS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

AVPS

03/20/2009

\_\_\_\_\_  
Date