

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90097 015 \*\*\*\*61.25

**DOCUMENT # N93000000086**

1. Entity Name  
**SOUTHCHASE PHASE 1B COMMUNITY ASSOCIATION, INC.**

Principal Place of Business 1416 CONCORD ST EAST ORLANDO FL 32803 US	Mailing Address P.O. BOX 531010 ORLANDO FL 32853-1010 US
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2. Principal Place of Business 2180 WEST SR 434	3. Mailing Address 2180 WEST SR 434
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Suite, Apt. #, etc. 5000	Suite, Apt. #, etc. 5000
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City & State LONGWOOD FL	City & State LONGWOOD FL
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Zip 32779	Country USA	Zip 32779	Country USA
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4. FEI Number 59-3167856	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**THE MELROSE MANAGEMENT GROUP**  
**1416 CONCORD STREET EAST**  
**ORLANDO FL 32714**

7. Name and Address of New Registered Agent  
**HART, JAMES W JR**  
**SENTRY MANAGEMENT INC**  
**2180 W SR 434 STE 5000**  
**LONGWOOD FL 32779-5044**

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 DATE 4/3/00  
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 NAME STREET ADDRESS CITY-ST-ZIP	D LUNDEQUAM, BRETT 385 DOUGLAS AVE STE 2000 ALTAMONTE SPRINGS FL 32714 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHAI, KAROLINE 385 DOUGLAS AVE STE 2000 ALTAMONTE SPRINGS FL 32714 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, PATRICK J 385 DOUGLAS AVE STE 2000 ALTAMONTE SPRINGS FL 32714 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIOTT, JAMES 315 KNIGHTLAND CT ORLANDO FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, SANDRA 12420 GRECO DR ORLANDO FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUSTED, ROBERT 12528 BOHANNON BLVD ORLANDO FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE 5-11-00 (407) 857-4944  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)