

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 193000001243  
1. Corporation Name  
SOUTHCHASE PARCEL 5 COMMUNITY ASSOCIATION, INC

Principal Place of Business: 401 W COLONIAL DRIVE ORLANDO FL 32804  
Mailing Address: 401 W COLONIAL DRIVE ORLANDO FL 32804

200002226702  
-06/30/97--01120--015  
\*\*\*61.25

|   |                       |  |   |
|---|-----------------------|--|---|
| 2. Principal Place of Business                  | 2a. Mailing Address   | 3. Date Incorporated or Qualified                      | 3a. Date of Last Report                                 |
| 21 PO BOX 771124                                | 26 PO BOX 771124      | 03/17/1993   | 04/05/1996  |
| 22 Suite, Apt #, etc.                           | 27 Suite, Apt #, etc. | 4. FEI Number  | Applied For   |
| 23 ORLANDO FL                                   | 28 ORLANDO FL         | 59-3180917   | <input type="checkbox"/> Not Applicable                 |
| 24 32877-1124                                   | 29 32877-1124         | 5. Certificate of Status Desired                       | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 25 USA  | 30 USA                | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees    |
| 9. Name and Address of Current Registered Agent |                       | 10. Name and Address of New Registered Agent           |   |

9. Name and Address of Current Registered Agent  
FANT, JAMES H  
401 W COLONIAL DR  
ORLANDO FL 32804

10. Name and Address of New Registered Agent  
81 Name: SKAMARAKAS, JAMES R  
82 Street Address (P.O. Box Number is Not Acceptable): 12471 BEACONTREE WAY  
83  
84 City: ORLANDO FL 85 Zip Code: 32837

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: [Signature] James R Skamarakas  
Date: 6/3/97

12. OFFICERS AND DIRECTORS

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | PD                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | FANT, JAMES H              | <input checked="" type="checkbox"/>        |
| STREET ADDRESS | 401 W. COLONIAL DR., STE 7 |  |
| CITY-ST-ZIP    | ORLANDO FL                 |  |
| TITLE          | VSTD                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | CONANT, ELIZABETH          | <input checked="" type="checkbox"/>        |
| STREET ADDRESS | 401 W COLONIAL DR SUITE 7  |  |
| CITY-ST-ZIP    | ORLANDO FL                 |  |
| TITLE          | SD                         | <input type="checkbox"/> DELETE            |
| NAME           | LEGG, VERNA                | <input checked="" type="checkbox"/>        |
| STREET ADDRESS | 401 W COLONIAL DR., STE 7  |  |
| CITY-ST-ZIP    | ORLANDO FL                 |  |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                      |  |
|--------------------|----------------------|--|
| 1.1 TITLE          | PD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | SKAMARAKAS, JAMES R. |  |
| 1.3 STREET ADDRESS | 12471 BEACONTREE WAY |  |
| 1.4 CITY-ST-ZIP    | ORLANDO, FL 32837    |  |
| 2.1 TITLE          | VD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | SWINCICKI, TERESA    |  |
| 2.3 STREET ADDRESS | 12541 BEACONTREE WAY |  |
| 2.4 CITY-ST-ZIP    | ORLANDO, FL 32837    |  |
| 3.1 TITLE          | PD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | KING, URLA           |  |
| 3.3 STREET ADDRESS | 12467 BEACONTREE WAY |  |
| 3.4 CITY-ST-ZIP    | ORLANDO, FL 32837    |  |
| 4.1 TITLE          | SD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | APONTE, TRINIDAD     |  |
| 4.3 STREET ADDRESS | 1657 TATTENHAM WAY   |  |
| 4.4 CITY-ST-ZIP    | ORLANDO, FL 32837    |  |
| 5.1 TITLE          | D                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | BAEZ, RAMON          |  |
| 5.3 STREET ADDRESS | 12483 BEACONTREE WAY |  |
| 5.4 CITY-ST-ZIP    | ORLANDO, FL 32837    |  |
| 6.1 TITLE          | D                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | CUSTODIA, JOHN       |  |
| 6.3 STREET ADDRESS | 12475 BEACONTREE WAY |  |
| 6.4 CITY-ST-ZIP    | ORLANDO, FL 32837    |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption status in Section 719.07(3)(b), 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: [Signature] James R Skamarakas President Date: 5/1/97 407 240 9552  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/96)

6-30