

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N93000001243 (5)

1. Corporation Name

SOUTHCHASE PARCEL 5 COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 771124
 ORLANDO FL 32877-1124

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 ORLANDO FL 32877-1124

3. Date Incorporated or Qualified

03/17/1993

4. FEI Number

59-3180917

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKAMARAKAS, JAMES R
 12471 BEACONTREE WAY
 ORLANDO FL 32837

81 Name KING, ARNOLD

82 Street Address (P.O. Box Number is Not Acceptable)

12467 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 *Arnold King*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/4/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME SKAMARAKAS, JAMES R
 STREET ADDRESS 12471 BEACONTREE WAY
 CITY-ST-ZIP ORLANDO FL 32837

1.1 TITLE PD Change Addition
 1.2 NAME KING, ARNOLD
 1.3 STREET ADDRESS 12467 BEACONTREE Way
 1.4 CITY-ST-ZIP Orlando FL 32837

TITLE VD DELETE
 NAME SWINCICKI, TERESA
 STREET ADDRESS 12541 BEACONTREE WAY
 CITY-ST-ZIP ORLANDO FL 32837

2.1 TITLE VD Change Addition
 2.2 NAME ANDERSON, KARLEEN
 2.3 STREET ADDRESS 1621 TATTENHAM WAY
 2.4 CITY-ST-ZIP Orlando, FL 32837

TITLE TD DELETE
 NAME KING, URLA
 STREET ADDRESS 12487 BEACONTREE WAY
 CITY-ST-ZIP ORLANDO FL 32837

3.1 TITLE TD Change Addition
 3.2 NAME HUGHES, ROBIN
 3.3 STREET ADDRESS 1805 Snaresbrook Way
 3.4 CITY-ST-ZIP Orlando FL 32837

TITLE SD DELETE
 NAME APONTE, TRINIDAD
 STREET ADDRESS 1857 TATTENHAM WAY
 CITY-ST-ZIP ORLANDO FL 32837

4.1 TITLE SD Change Addition
 4.2 NAME YOUNG, DEBRA
 4.3 STREET ADDRESS 1801 Snaresbrook Way
 4.4 CITY-ST-ZIP Orlando FL 32837

TITLE D DELETE
 NAME BAEZ, RAMON
 STREET ADDRESS 12483 BEACONTREE WAY
 CITY-ST-ZIP ORLANDO FL 32837

5.1 TITLE D Change Addition
 5.2 NAME Columbo, ANN
 5.3 STREET ADDRESS 1837 TATTENHAM WAY
 5.4 CITY-ST-ZIP Orlando FL 32837

TITLE D DELETE
 NAME CUSTODIA, JOHN
 STREET ADDRESS 12475 BEACONTREE WAY
 CITY-ST-ZIP ORLANDO FL 32827

6.1 TITLE D Change Addition
 6.2 NAME DIXON, DON
 6.3 STREET ADDRESS 12561 BEACONTREE Way
 6.4 CITY-ST-ZIP Orlando FL 32837

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Arnold King*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/4/98 (407) 341-4187
Date Daytime Phone #

CR2E037 (5/98)