

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90033 046 ****61.25

DOCUMENT # N93000001243

1. Entity Name

SOUTHCHASE PARCEL 5 COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**% SENTRY MANAGEMENT INC.
 2180 WEST SR 434, STE. 5000
 LONGWOOD FL 32779-5044**

**% SENTRY MANAGEMENT INC.
 2180 WEST SR 434, STE. 5000
 LONGWOOD FL 32779-5044**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3180917

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JAMES W JR
 % SENTRY MANAGEMENT INC.
 2180 WEST SR 434, STE. 5000
 LONGWOOD FL 32779-5044**

Name

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

City

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	KING, ARNOLD	
STREET ADDRESS	12467 BEACONTREE WAY	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUGUSTINE, RAY	
STREET ADDRESS	12446 BEACONTREE WAY	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, ROBIN	
STREET ADDRESS	1805 SNARESBROOK WAY	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG-BOHANAN, DEBRA	
STREET ADDRESS	1801 SNARESBROOK WAY	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLUMBO, STEVEN J	
STREET ADDRESS	1837 TATTENHAM WAY	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DICKSON, DONALD	
STREET ADDRESS	12561 BEACONTREE WAY	
CITY-ST-ZIP	ORLANDO FL 32827	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOHANAN, SEAN	
STREET ADDRESS	1801 Snaresbrook Way	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature of Steven Columbo
STEVEN COLUMBO 2/27/02

CR2E037 (9/01)