FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N93000001244 (3)**

1. Corporation Name

SOUTHCHASE PARCEL 2 COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
401 W COLONIAL DRIVE SUITE 7 ORLANDO FL 32804	401 W COLONIAL DRIVE SUITE 7 ORLANDO FL 32804

3. Date Incorporated or Qualified: 03/17/1993	3a. Date of Last Report: 03/16/1995
4. FEI Number: 59-3180915	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

21	12112 Bellsworth Way	26	P.O. Box 770095
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	Orlando, Florida	28	Orlando, Fl
24	Zip: 32837	29	Zip: 32877-0095
25	Country: USA	30	Country: USA

9. Name and Address of Current Registered Agent

FANT, JAMES H
401 W COLONIAL DRIVE
SUITE 7
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name: Roger Horne
82 Street Address (P.O. Box Number is Not Acceptable): 12112 Bellsworth 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 * Roger Horne, ROGER HORNE, PRESIDENT-DIRECTOR 3-30-96
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FANT, JAMES H		1.2 NAME		
STREET ADDRESS	401 W COLONIAL DRIVE, SUITE 7		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	2.1 TITLE	DVT	☐ Change ☒ Addition
NAME	LEGG, VERNA		2.2 NAME	ROB JACKSON	
STREET ADDRESS	401 W COLONIAL DR., STE 7		2.3 STREET ADDRESS	12107 BELLSWORTH WAY	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	DVT	☒ DELETE	3.1 TITLE	DS	☐ Change ☒ Addition
NAME	CRENSHAW, JAMES		3.2 NAME	CHRISTINA BAUS	
STREET ADDRESS	401 W COLONIAL DRIVE, SUITE 7		3.3 STREET ADDRESS	2229 LAUREL PINE LANE	
CITY-ST-ZIP	ORLANDO FL 32804		3.4 CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	Horne, Roger		4.2 NAME	Roger Horne	
STREET ADDRESS	12112 Bellsworth Way		4.3 STREET ADDRESS	12112 Bellsworth Way	
CITY-ST-ZIP	Orlando, Florida 32837		4.4 CITY-ST-ZIP	Orlando, Fl 32837	
TITLE	DV	☐ DELETE	5.1 TITLE	DV	☐ Change ☒ Addition
NAME	Kenneth Zant		5.2 NAME	Kenneth Zant	
STREET ADDRESS	2331 Laurel Pine Lane		5.3 STREET ADDRESS	2331 Laurel Pine Lane	
CITY-ST-ZIP	Orlando, Fl. 32837		5.4 CITY-ST-ZIP	Orlando, Fl 32837	
TITLE	DV	☐ DELETE	6.1 TITLE	DV	☐ Change ☒ Addition
NAME	Steve Burtt		6.2 NAME	Steve Burtt	
STREET ADDRESS	12115 Bellsworth Way		6.3 STREET ADDRESS	12115 Bellsworth Way	
CITY-ST-ZIP	Orlando, Fl. 32837		6.4 CITY-ST-ZIP	Orlando, Fl 32837	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: * Roger Horne, ROGER HORNE 3-30-96 407-939-7084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #