

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90063 028 ****61.25

DOCUMENT # N93000001244

1. Entity Name

SOUTHCHASE PARCEL 2 COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12112 BELLSWORTH WAY
 ORLANDO FL 32837
 US

C/O LELAND MANAGEMENT INC
 1633 E VINE ST
 KISSIMMEE FL 34744-3732
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1633 E. Vine St.

1633 E. Vine St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 110

Suite 110

City & State

City & State

Kissimmee FL

Kissimmee FL

4. FEI Number

59-3180915

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

34744 USA

Zip

Country

34744 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LELAND MANAGEMENT INC
 1633 E VINE ST
~~STE 207~~ *Suite 110*
 KISSIMMEE FL 34744

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 **DT** Delete
 NAME **JACKSON, ROB**
 STREET ADDRESS **12107 BELLSWORTH WAY**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **DP** Change Addition
 NAME **DANIEL COOK**
 STREET ADDRESS **2323 LAUREL PINE LANE**
 CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **DS** Delete
 NAME **BAUS, CHRISTINA**
 STREET ADDRESS **2229 LAUREL PINE LAKE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **VPD** Change Addition
 NAME **EDWARD SMITH**
 STREET ADDRESS **2221 LAUREL PINE LANE**
 CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **DV** Delete
 NAME **GERACE, PAMELA**
 STREET ADDRESS **2319 LAUREL LANE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **ED** Change Addition
 NAME **ELSIE MALDONADO**
 STREET ADDRESS **2241 LAUREL PINE LANE**
 CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **CHARLES RAMBOLD**
 STREET ADDRESS **2220 LAUREL PINE LANE**
 CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Daniel Cook* DANIEL COOK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2000 DATE
407-856-4271 DAYTIME PHONE #

CR2E037 (9/99)