

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000003294

FILED
Apr 18, 2002 8:00 AM
Secretary of State

Entity Name: SOUTHCHASE NON-SINGLE FAMILY RESIDENTIAL PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4890 WEST KENNEDY BOULEVARD
SUITE 850
TAMPA, FL 336091863

New Principal Place of Business:

Current Mailing Address:

4890 WEST KENNEDY BOULEVARD
SUITE 850
TAMPA, FL 336091863

New Mailing Address:

FEI Number: 59-3399169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSS, SAMUEL
4890 WEST KENNEDY BOULEVARD
SUITE 850
TAMPA, FL 336091863

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILKINSON, J C
Address: 4890 W KENNEDY BLVD, STE 850
City-St-Zip: TAMPA, FL 336091863

Title: DVS () Delete
Name: ROSS, SAMUEL K
Address: 4890 W KENNEDY BLVD, STE 850
City-St-Zip: TAMPA, FL 336091863

Title: DT () Delete
Name: WEST, DALE
Address: 4890 W KENNEDY BLVD, STE 850
City-St-Zip: TAMPA, FL 336091863

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL K. ROSS

DVS

04/18/2002

Electronic Signature of Signing Officer or Director

_____ Date