

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91465 023 ****70.00

DOCUMENT # N96000003294

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



Principal Place of Business
**4890 WEST KENNEDY BOULEVARD
SUITE 850
TAMPA FL 33609-1863**

Mailing Address
**4890 WEST KENNEDY BOULEVARD
SUITE 850
TAMPA FL 33609-1863**



2. Principal Place of Business
4890 West Kennedy Blvd.

3. Mailing Address
4890 West Kennedy Blvd.

Suite, Apt., etc.
**Suite 920
Tampa, FL 33609-1863**

Suite, Apt., etc.
**Suite 920
Tampa, FL 33609-1863**

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3399169**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**F&L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE FL 32202-3510**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILKINSON, J C 4890 W KENNEDY BLVD, STE 850 TAMPA FL 33609-1863	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ROSS, SAMUEL K 4890 W KENNEDY BLVD, STE 850 TAMPA FL 33609-1863	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WEST, DALE 4890 W KENNEDY BLVD, STE 850 TAMPA FL 33609-1863	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. Curt Wilkinson 4890 W. Kennedy Blvd., Ste. 920 Tampa, FL 33609-1863	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carlos A. Yepes po box 17467 Clearwater FL 33762	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dale A. West 4890 W. Kennedy Blvd., Ste. 920 Tampa, FL 33609-1863	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Luis Diaz 7325 Lake Underhill Road Orlando FL 32822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Martin Fishman 5025 Sweetland Court, Richmond Heights, OH 44143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ray Manning, Jr. 8042 Monier Way Orlando, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 REQUIRED **Curt Wilkinson** 4/25/03 813-286-440

CR2E037 (10/02)