

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 13, 2007  
Secretary of State**

DOCUMENT# N98000003713

**Entity Name:** SOUTHCHASE PARCELS 11, 11A AND 13 MASTER POND PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4890 WEST KENNEDY BLVD.  
SUITE 920  
TAMPA, FL 336091863

**New Principal Place of Business:**

400 N. ASHLEY DRIVE  
SUITE 3010  
TAMPA, FL 33602

**Current Mailing Address:**

4890 WEST KENNEDY BLVD.  
SUITE 920  
TAMPA, FL 336091863

**New Mailing Address:**

400 N. ASHLEY DRIVE  
SUITE 3010  
TAMPA, FL 33602

**FEI Number:** 59-3525463      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

**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: D ( ) Delete  
Name: BRAY, MATTHEW J  
Address: 4890 W. KENNDY BLVD. STE. 920  
City-St-Zip: TAMPA, FL 336091863

Title: D ( ) Delete  
Name: SEMBLER, GREG  
Address: 5858 CENTRAL AVE.  
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: D ( ) Delete  
Name: FIELD, DOROTHY  
Address: 101 E. CENTRAL BLVD.  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: MANNING, RAY JR  
Address: 8042 MONIER WAY  
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete  
Name: COSTA, ED  
Address: 2455 PACES FERRY ROAD NW  
City-St-Zip: ATLANTA, GA 30339

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BRAY, MATTHEW J  
Address: 400 N. AHSLEY DRIVE, SUITE 3010  
City-St-Zip: TAMPA, FL 33602

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

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 exemption stated in Chapter 119, 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: MATTHEW J. BRAY

D

07/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date