

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


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

04-28-2003 91465 022 *****70.00

0043943

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1. Entity Name
**SOUTHCHASE PARCELS 11, 11A AND 13 MASTER POND PR
OPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business
**4890 W KENNEDY BLVD STE #850
TAMPA FL 33609**

Mailing Address
**4890 W KENNEDY BLVD STE #850
TAMPA FL 33609**



2. Principal Place of Business
**4890 West Kennedy Blvd.
Suite 920, etc.
Tampa, FL 33609-1863**

3. Mailing Address
**4890 West Kennedy Blvd.
Suite 920, etc.
Tampa, FL 33609-1863**

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3525463**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**F&L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE FL 32202-3510**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINSON, J C	
STREET ADDRESS	4890 W KENNEDY BLVD STE #850	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEST, DALE	
STREET ADDRESS	4890 W KENNEDY BLVD STE #850	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VINCENT, JOANNE	
STREET ADDRESS	201 LIVE OAKS BLVD	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	DABNEY, THOMAS G	
STREET ADDRESS	PO BOX 5335	
CITY-ST-ZIP	SARASOTA FL 34277	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANNING, RAY JR	
STREET ADDRESS	8042 MONIER WAY	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSS, SAMUEL K	
STREET ADDRESS	4890 W. KENNEDY BLVD. STE 850	
CITY-ST-ZIP	TAMPA FL 33609	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Curt Wilkinson	
STREET ADDRESS	4890 W. Kennedy Blvd., Ste. 920	
CITY-ST-ZIP	Tampa, FL 33609-1863	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greg Sempler	
STREET ADDRESS	5858 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33708	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy Field	
STREET ADDRESS	101 E. Central Blvd.	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed Costa	
STREET ADDRESS	2455 Paces Ferry Road NW	
CITY-ST-ZIP	Atlanta, GA 30339	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in the instructions to this report and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same effect as if I were the 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 J. Curt Wilkinson 4/25/03 813 206-440**

CR2E037 (10/02)