FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N33097** **(9)**

1. Corporation Name

SOUTHCHASE PARCELS 1 AND 6 MASTER ASSOCIATION, I NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1633 E VINE ST SUITE 201 KISSIMMEE FL 34744	1633 E VINE ST SUITE 201 KISSIMMEE FL 34744

3. Date Incorporated or Qualified: 06/30/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3037109 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1637 E. Vine Street	26 1637 E. Vine Street
Suite, Apt. #, etc 22 Suite E	Suite, Apt. #, etc 27 Suite E
City & State 23 Kissimmee, FL	City & State 28 Kissimmee, FL
Zip / County 24 34744 / 25 USA	Zip / County 29 34744 / 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SULLIVAN, WILLIAM 1637 E VINE ST KISSIMMEE FL 34744	81 Name: Alex Deazuero 82 Street Address (P.O. Box Number is Not Acceptable): 12606 Chelmsford Court 83 84 City: Orlando FL 85 Zip Code: 32837

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Alex Deazuero, Director — 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	STD	☐ Change ☒ Addition
NAME	SULLIVAN, WILLIAM	12 NAME	Grelinger, Dan	
STREET ADDRESS	1637 EAST VINE ST	13 STREET ADDRESS	11918 Frieth Drive	
CITY ST ZIP	KISSIMMEE FL	14 CITY ST ZIP	Orlando, FL 32837	
TITLE	STD	21 TITLE	PD	☒ Change ☐ Addition
NAME	DEAZUERO, ALEX	22 NAME	Deazuero, Alex	
STREET ADDRESS	12606 CHELMSFORD CT	23 STREET ADDRESS	12606 Chelmsford Court	
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	Orlando, FL 32837	
TITLE	VPD	31 TITLE	VPD	☐ Change ☒ Addition
NAME	DODGE, WARREN	32 NAME	Rossi, Megan	
STREET ADDRESS	12328 ABBERTON CT	33 STREET ADDRESS	1637 E. Vine Street, Suite E	
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	Kissimee, FL 34744	
TITLE	D	41 TITLE	D	☐ Change ☒ Addition
NAME	MEADOWS, ROBERT	42 NAME	Mona Leslie	
STREET ADDRESS	1637 E VINE ST	43 STREET ADDRESS	2149 Tiptree Circle	
CITY ST ZIP	KISSIMMEE FL	44 CITY ST ZIP	Orlando , FL 32837	
TITLE	D	51 TITLE	D	☐ Change ☒ Addition
NAME	COWART, BILL	52 NAME	James Novak	
STREET ADDRESS	1637 EAST VINE ST	53 STREET ADDRESS	1631 Burryport	
CITY ST ZIP	KISSIMMEE FL	54 CITY ST ZIP	Orlando, FL 32837	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Alex Deazuero 4/25/95 (407)425-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000681