

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
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95 MAY -1 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

**DOCUMENT # N42672 (8)**  
1. Corporation Name  
**SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
~~401 W. COLONIAL DRIVE SUITE 7 ORLANDO FL 32804~~  
~~401 W. COLONIAL DRIVE SUITE 7 ORLANDO FL 32804~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/25/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3068780** Applied For  Not Applicable

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

6. Election Campaign Financing Trust Funds 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 Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **2180 WEST SR 434** 26 **2180 WEST SR 434**  
Suite, Apt #, etc. Suite, Apt #, etc.  
22 **SUITE 5000** 27 **SUITE 5000**  
City & State City & State  
23 **LONGWOOD FL** 28 **LONGWOOD FL**  
Zip City, State Zip City, State  
24 **32779-5044** 25 **US** 29 **32779-5044** 30 **US**

9. Name and Address of Current Registered Agent  
~~ALLEN THOMAS  
390 NORTH ORANGE AVE.  
SUITE 1200  
ORLANDO FL 32801~~

10. Name and Address of New Registered Agent  
81 Name **JAMES W HART JR**  
82 Street Address (P.O. Box Number is Not Acceptable) **SENTRY MANAGEMENT INC**  
83 **2180 WEST SR 434 SUITE 5000**  
84 City **LONGWOOD** FL 85 Zip Code **32779-5044**

11. Pursuant to the provisions of Sections 607.0902 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 607.0905 Florida Statutes.

SIGNATURE *[Signature]* DATE **3/1/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FANT, JAMES
STREET ADDRESS	401 W. COLONIAL DR
CITY, ST, ZIP	ORLANDO FL
TITLE	VD
NAME	CRENSHAW, JAMES
STREET ADDRESS	401 W. COLONIAL DR
CITY, ST, ZIP	ORLANDO FL
TITLE	SD
NAME	MARTIN, KIMBERLY
STREET ADDRESS	401 W. COLONIAL DR
CITY, ST, ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DARLENE BUSHEY	
13 STREET ADDRESS	11774 SIR WINSTON WAY	
14 CITY, ST, ZIP	ORLANDO, FL 32824	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	LOU PEREZ	
23 STREET ADDRESS	11681 SIR WINSTON WAY	
24 CITY, ST, ZIP	ORLANDO, FL 32824	
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	LISA AYER	
33 STREET ADDRESS	762 WECHSLER CIRCLE	
34 CITY, ST, ZIP	ORLANDO, FL 32824	
41 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	BOB THOMPSON	
43 STREET ADDRESS	11700 KENNINGTON COURT	
44 CITY, ST, ZIP	ORLANDO, FL 32824	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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 110.07(3)(b), Florida Statutes. I further certify that the information is indicated on this annual report or supplemental annual report as 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 the attachment with an address.

SIGNATURE: *[Signature]* **Darlene Bushey - Darlene Bushey** DATE **3/14/95** TELEPHONE NO. **240-4976**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR