

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N33097** (9)

1. Corporation Name

**SOUTHCHASE PARCELS 1 AND 6 MASTER ASSOCIATION, I
NC.**



Principal Place of Business

Mailing Address

1637 E. VINE ST
STE E
KISSIMMEE FL 34744
US

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STE E
KISSIMMEE FL 34744
US

3. Date Incorporated or Qualified
06/30/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-3037109

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEAZUERO, ALEX
12606 CHELMSFORD CT
ORLANDO FL 32837**

81 Name
Leland Enterprises, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
1637 E. Vine Street, Suite E

83 Attn: **Emily Badger**

84 City **Kissimmee** **FL** 85 Zip Code **34744**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-25-96
DATE

12. OFFICERS AND DIRECTORS

TITLE **STDG** ☒ DELETE
NAME **GRELINGER, DAN**
STREET ADDRESS **11918 FRIETH DRIVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **PD** ☐ DELETE
NAME **DEAZUERO, ALEX**
STREET ADDRESS **1266 CHELMSFORD CT**
CITY-ST-ZIP **ORLANDO FL**

TITLE **VPD** ☐ DELETE
NAME **ROSSI, MEGAN**
STREET ADDRESS **1637 E VINE ST, STE E**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **D** ☒ DELETE
NAME **LESLIE, MONA**
STREET ADDRESS **2149 TIPTREE CIRCLE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ DELETE
NAME **NOVAK, JAMES**
STREET ADDRESS **1631 BURRYPORT**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **STD** ☐ Change ☒ Addition
1.2 NAME **Lisa A. Weathers**
1.3 STREET ADDRESS **1637 E. Vine Street, Suite E**
1.4 CITY-ST-ZIP **Kissimmee, FL 34744**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Megan Rossi**
3.3 STREET ADDRESS **12319 S. Orange Blossom Trail, Suite 188**
3.4 CITY-ST-ZIP **Orlando, FL 32837**

4.1 TITLE **VPD** ☐ Change ☒ Addition
4.2 NAME **Miguel Garica**
4.3 STREET ADDRESS **11948 Frieth Drive**
4.4 CITY-ST-ZIP **Orlando, FL 32837**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Cesar Borri**
5.3 STREET ADDRESS **11953 Frieth Drive**
5.4 CITY-ST-ZIP **Orlando, FL 32837**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa A. Weathers 4-25-96 (407) 931-0400
Date Daytime Phone

CR2E037 (12/95)