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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N33740** **(4)**

1. Corporation Name

SOUTHCHASE PARCEL I COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1637 E VINE STREET STE E KISSIMMEE FL 34744 US	1637 E VINE STREET STE E KISSIMMEE FL 34744-3744 US

3. Date Incorporated or Qualified: 08/14/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 1633 E. Vine St.
Suite, Apt. #, etc.
22 Suite 207
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1633 E. Vine St.
Suite, Apt. #, etc.
27 Suite 207
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2996064 ☐ 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**

DAUGHERTY, PATRICIA
250 N ORANGE AVE., STE 1100
ORLANDO FL 32801

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	DP ☐ Change ☐ Addition
NAME	GRELLINGER, DAN		1.2 NAME	Carney Petillo
STREET ADDRESS	11918 FRIETH DRIVE		1.3 STREET ADDRESS	1931 Tiptree Cr.
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	VD	☒ DELETE	2.1 TITLE	DV ☐ Change ☐ Addition
NAME	LESLIE, MONA		2.2 NAME	Miguel Garcia
STREET ADDRESS	2149 TIPTREE CIRCLE		2.3 STREET ADDRESS	11948 Frieth Dr.
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	ST	☒ DELETE	3.1 TITLE	DST ☐ Change ☐ Addition
NAME	WEATHERS, LISA		3.2 NAME	Dennis Hassard
STREET ADDRESS	720 BRIGHTON PLACE BLVD		3.3 STREET ADDRESS	2027 Tiptree Cr.
CITY-ST-ZIP	KISSIMMEE FL		3.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	D	☒ DELETE	4.1 TITLE	D ☐ Change ☐ Addition
NAME	DRUDGE, DEREK		4.2 NAME	John Guerra
STREET ADDRESS	11885 SINDLESHAM COURT		4.3 STREET ADDRESS	11842 New Chapel Ct.
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	D	☒ DELETE	5.1 TITLE	D ☐ Change ☐ Addition
NAME	NOVAK, JAMES		5.2 NAME	Pablo Marquez
STREET ADDRESS	1631 BURRYPORT		5.3 STREET ADDRESS	11854 New Chapel Ct.
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	D	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	O'BRIEN, DAVID		6.2 NAME	
STREET ADDRESS	2054 IPSDEN DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97
Date

4078460346
Daytime Phone # 0069965