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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N93000001243

1. Corporation Name
SOUTHCHASE PARCEL 5 COMMUNITY ASSOCIATION, INC

Principal Place of Business	Mailing Address
401 W COLONIAL DRIVE ORLANDO FL 32804	401 W COLONIAL DRIVE ORLANDO FL 32804

200002226702
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3. Date Incorporated or Qualified: 03/17/1993
3a. Date of Last Report: 04/05/1996
4. FEI Number: 59-3180917 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 PO BOX 771124	26 PO BOX 771124
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO FL	City & State 28 ORLANDO FL
Zip 24 32877-1124 Country 25 USA	Zip 29 32877-1124 Country 30 USA

9. Name and Address of Current Registered Agent

FANT, JAMES H
401 W COLONIAL DR
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name: SKAMARAKAS, JAMES R
82 Street Address (P.O. Box Number is Not Acceptable): 12471 BEACONTREE WAY
83
84 City: ORLANDO FL 85 Zip Code: 32837

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] James R Skamarakas 6/3/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	XX PD FANT, JAMES H 401 W. COLONIAL DR., STE7 ORLANDO FL ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition PD SKAMARAKAS, JAMES R. 12471 BEACONTREE WAY ORLANDO, FL 32837
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX VSTD CONANT, ELIZABETH 401 W COLONIAL DR SUITE 7 ORLANDO FL ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition VD SWINCICKI, TERESA 12541 BEACONTREE WAY ORLANDO, FL 32837
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XXX SD LEGG, VERNA 401 W COLONIAL DR., STE 7 ORLANDO FL ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition TD KING, URLA 12467 BEACONTREE WAY ORLANDO, FL 32837
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☒ Addition SD APONTE, TRINIDAD 1657 TATTENHAM WAY ORLANDO, FL 32837
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☒ Addition D BAEZ, RAMON 12483 BEACONTREE WAY ORLANDO, FL 32837
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☒ Addition D CUSTODIA, JOHN 12475 BEACONTREE WAY ORLANDO, FL 32837

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] James R Skamarakas President 5/1/97 407 240 9552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #