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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N93000001244 (3)**

1. Corporation Name

SOUTHCHASE PARCEL 2 COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12112 BELLSWORTH WAY ORLANDO FL 32837 US	C/O LELAND MANAGEMENT INC 1633 E VINE ST KISSIMMEE FL 34744 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: 03/17/1993

4. FEI Number: 59-3180915 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LELAND MANAGEMENT INC
1633 E VINE ST
STE. 207
KISSIMMEE FL 34744

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	DT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, ROB		1.2 NAME	
STREET ADDRESS	12107 BELLSWORTH WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BAUS, CHRISTINA		2.2 NAME	
STREET ADDRESS	2229 LAUREL PINE LAKE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GERACE, PAMELA		3.2 NAME	
STREET ADDRESS	2319 LAUREL LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ZANT, KENNETH		4.2 NAME	
STREET ADDRESS	2331 LAUREL PINE LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BURTT, STEVE		5.2 NAME	
STREET ADDRESS	12115 BELLSWORTH WAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. I 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: _____ 4/25/98