

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N93000001243 (5)

1. Corporation Name

SOUTHCHASE PARCEL 5 COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 771124
ORLANDO FL 32877-1124

P.O. BOX 771124
ORLANDO FL 32877-1124

FILED
Jul 16 1998 8:00am⁸
Secretary of State



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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/17/1993

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

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

SKAMARAKAS, JAMES R
12471 BEACONTREE WAY
ORLANDO FL 32837

81 Name

KING, ARNOLD

82 Street Address (P.O. Box Number is Not Acceptable)

12467 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

Arnold King
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/6/98

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|---------------------|----------------------|------------------|-------------------------------------|
| PD | SKAMARAKAS, JAMES R | 12471 BEACONTREE WAY | ORLANDO FL 32837 | <input checked="" type="checkbox"/> |
| VD | SWINCICKI, TERESA | 12541 BEACONTREE WAY | ORLANDO FL 32837 | <input checked="" type="checkbox"/> |
| TD | KING, URLA | 12467 BEACONTREE WAY | ORLANDO FL 32837 | <input checked="" type="checkbox"/> |
| SD | APONTE, TRINIDAD | 1857 TATTENHAM WAY | ORLANDO FL 32837 | <input checked="" type="checkbox"/> |
| D | BAEZ, RAMON | 12463 BEACONTREE WAY | ORLANDO FL 32837 | <input checked="" type="checkbox"/> |
| D | CUSTODIA, JOHN | 12475 BEACONTREE WAY | ORLANDO FL 32827 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|-------------------|----------------------|-------------------|-------------------------------------|--------------------------|
| PD | KING, ARNOLD | 12467 BEACONTREE Way | Orlando FL 32837 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | Change | Addition |
| VD | ANDERSON, KARLEEN | 1621 TATTENHAM WAY | Orlando, FL 32837 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | Change | Addition |
| TD | HUGHES, ROBIN | 1805 Snakesbrook Way | Orlando FL 32837 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | Change | Addition |
| SD | YOUNG, DEBRA | 1801 Snakesbrook Way | Orlando FL 32837 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | Change | Addition |
| D | Columbo, ANN | 1837 TATTENHAM WAY | Orlando FL 32837 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | Change | Addition |
| D | DIXON, DON | 12561 BEACONTREE Way | Orlando FL 32837 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

Arnold King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/98 (407) 341-4187
Date Daytime Phone #

CR2E037 (5/98)