## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

1999

## **FILED** Mar 23, 1999 8:00 am § Secretary of State

03-23-1999 90025 014 \*\*\*\*61.25

DOCUMENT	#	N93000000086
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1. Corporation Name

SOUTHCHASE PHASE 18 COMMUNITY ASSOCIATION, INC.

Principal Place of Business TST SOUTHHALL LANE -SUITE 230

-MAITLAND FL-82751

Mailing Address

151 SOUTHHALL LANE -CUITE 230 -MAITCAND FL-32751.


2. Principal P	Corpord St. East	2a. Mailing Admess	531010	3. Date Incorporated or Qualifed 01/21/1993	•		
21   1   0   0		Suite, Apt. #, etc.	<u> </u>	4. FEI Number	Applied For		
Suite, Apt. :	#, GIC.	27		59-3167856	Not Applicable		
City & State	indo FL	28 Orlando	FL	5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
200g	03 Country	30853- 29 /0/0 3	County 1\US	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24 0660	05  25   05	<u> </u>		10. Name and Address of New Registered	<del></del>		
	9. Name and Address of Current	Registered Agent	81 Name	I The Hame and Address of Now (Toglesisted)			
				Hanson, Jack B.			
HANSON,	<del>JACK B</del>		82 Street A	ddress (P.O. Box Number is Not Acceptable)			
THE MELR	OSE MANAGEMENT GROUP			e Metrose Management Group			
-229 PAGAI	DENA PLACE #100 -		83 141	Concord Street East			
ORLANDO			84 City	85 Zip Code			
			'C'	rlando <b>FL</b> 32714			
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 applications of, Section 617.0503, Florida Statutes.							
	m ramiliar with, and accapt the miligality	3/15 01, 36011017 017.0303, 1 10110	1/30	44050x 3/10/	39		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature re				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12		
TITLE	D	X DELETE	1.1 TITLE	Brett Lundequam	Change		
NAME	COLWELL, DARRYL	, ,	1.2 NAME	386 Douglas avenue, altamonda Springo, 1	Ste. 2000		
STREET ADDRESS	Y31-SOUTHYHALL DANE #230		1.3 STREET ADDRESS	0.040 0000044 5000000 1	7 22714		
CITY-ST-ZIP	MAITLAND FL 32751		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE	Hatthai, Kamline	Change Addition		
NAME `	MATTHAI, KAROLINE	•	2.2 NAME	Hatthai, Karoline 385 Douglas Cuenue	Ste. 2000		
STREET ADDRESS	151 SQUTH HALLYLANE #230	•	2.3 STREET ADDRESS	altamonte Spring, Fr	32714		
CITY-ST-ZIP	MAITLAND PL 3275V		2.4 CITY-ST-ZIP	5 1211211(2 54, 116)			
TITLE	D	☐ DELETÉ	3.1 TITLE	Knight, Fatrick 5.	☐ Change ☐ Addition		
NAME	KNIGHT, PATRICK J		3.2 NAME	PARTY TOTAL	Ste. 2000		
STREET ADDRESS	134 SOUTH HALL LANE		3.3 STREET ADDRESS	305 Donglas Quenue, altamonte Spring, FC	20211		
CITY-ST-ZIP	MANTLAND PL 32757		3.4. CITY-ST-ZIP	WHAT SPITION, 1			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME		•	4. 2 NAME				
STREET ADDRESS	-		4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	:	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CTY-ST-ZIP			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				
44		Abia filian daga nat qualify for t	ha avamation stated	Lin Section 119 07(3)(i) Florida Statutes I further cer	tify that the information		

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 informati 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, with all other like empowered.