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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33097

1. Corporation Name

SOUTCHASE PARCELS 1 AND 6 MASTER ASSOCIATION, I
NC.

Principal Place of Business

1633 E VINE ST
SUITE 207
KISSIMMEE FL 34744
US

Mailing Address

1633 E VINE ST
SUITE 207
KISSIMMEE FL 34744
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/30/1989

4. FEI Number

59-3037109

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

9. Name and Address of Current Registered Agent

LELAND MANAGEMENT INC
1633 E VINE ST., SUITE 207
ATTN: RICHARD BRADLEY
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DST ☐ DELETE
NAME PETILLO, CARNEY
STREET ADDRESS 1931 TIPTREE CR
CITY-ST-ZIP ORLANDO FL

TITLE DVP ☐ DELETE
NAME PINSKY, BEN
STREET ADDRESS 1266 CHELMSFORD CT
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME LINSTAD, TIM
STREET ADDRESS 12319 SOUTH ORANGE BLOSSOM TRAIL STE 188
CITY-ST-ZIP ORLANDO FL

TITLE DP ☐ DELETE
NAME MIGUEL, CARICA
STREET ADDRESS 11948 FRIETH DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME HASSARD, DENNIS
STREET ADDRESS 2027 TIPTREE CR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Miguel A. Garcia
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

851-6107

CR2E037 (11/98)