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NONPROFIT CORPORATION ANNUAL REPORT FOR 1999

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

DOCUMENT # N33740

1. Corporation Name

SOUTHCHASE PARCEL I COMMUNITY ASSOCIATION, INC.

* 5 5 9 8 5 7 *
559857 - 90055 - 24

Principal Place of Business	Mailing Address
1633 E VINE ST STE 207 KISSIMMEE FL 34744 US	1633 EAST VINE ST STE 207 KISSIMMEE FL 34744 US

2. Principal Place of Business 21 820 Palmway St.	2a. Mailing Address 26 World of Homes	3. Date Incorporated or Qualified 08/14/1989	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 820 Palmway St.	4. FEI Number 59-2996064	Applied For Not Applicable
City & State 23 Kissimmee Fl	City & State 28 Kissimmee Fl	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 34744 Country 25 USA	Zip 29 34744 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAUGHERTY, PATRICIA 250 N ORANGE AVE., STE 1100 ORLANDO FL 32801	81 Name Vicki Diaz 82 Street Address (P.O. Box Number is Not Acceptable) C/O World of Homes 83 820 Palmway St 84 City Kissimmee FL 85 Zip Code 34744

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 Vicki Diaz 5/21/99
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	DVP	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	CARNEY, PETILLO		1.2 NAME	Morelli, Holly	
STREET ADDRESS	1931 TIPTREE CIR		1.3 STREET ADDRESS	11820 Hullbridge Ct	
CITY-ST-ZIP	ORLANDO FL 32837		1.4 CITY-ST-ZIP	Orlando FL 32837	
TITLE	DP	☐ DELETE	2.1 TITLE	DVP	☒ Change ☐ Addition
NAME	GARCIA, MIGUEL		2.2 NAME	Garcia, Miguel	
STREET ADDRESS	11948 FREITH DR		2.3 STREET ADDRESS	11948 Freith Dr.	
CITY-ST-ZIP	ORLANDO FL 32837		2.4 CITY-ST-ZIP	Orlando Fl 32837	
TITLE	D	☑ DELETE	3.1 TITLE	DP	☒ Change ☐ Addition
NAME	GUREEA, JOHN		3.2 NAME	Carney Petillo	
STREET ADDRESS	11842 NEW CHAPEL CT		3.3 STREET ADDRESS	1931 Tiptree Circle	
CITY-ST-ZIP	KISSIMMEE FL		3.4 CITY-ST-ZIP	Orlando Fl 32837	
TITLE	DST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HASSARD, D		4. 2 NAME		
STREET ADDRESS	TIPTREE CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MARQUEZ, PABLO		5.2 NAME	Marquez, Pablo	
STREET ADDRESS	11854 NEW CHAPEL CT		5.3 STREET ADDRESS	11854 New Chapel Ct	
CITY-ST-ZIP	ORLANDO FL 32837		5.4 CITY-ST-ZIP	Orlando Fl 32837	
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 (11/98)

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 REQUIRED Carney G. Petillo 5/9/99 (407) 438-7186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #