

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000086

1. Entity Name

SOUTHCHASE PHASE 1B COMMUNITY ASSOCIATION, INC.

Principal Place of Business

1416 CONCORD ST EAST
ORLANDO FL 32803
US

Mailing Address

P.O. BOX 531010
ORLANDO FL 32853-1010
US

2. Principal Place of Business

2180 WEST SR 434

3. Mailing Address

2180 WEST SR 434

Suite, Apt. #, etc.
5000

Suite, Apt. #, etc.
5000

City & State
LONGWOOD FL

City & State
LONGWOOD FL

Zip
32779

Country
USA

Zip
32779

Country
USA

4. FEI Number

59-3167856

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE MELROSE MANAGEMENT GROUP
1416 CONCORD STREET EAST
ORLANDO FL 32714

7. Name and Address of New Registered Agent

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779-5044

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNDEQUAM, BRETT 385 DOUGLAS AVE STE 2000 ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHAI, KAROLINE 385 DOUGLAS AVE STE 2000 ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, PATRICK J 385 DOUGLAS AVE STE 2000 ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIOTT, JAMES 315 KNIGHTLAND CT ORLANDO FL 32824	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, SANDRA 12420 GRECO DR ORLANDO FL 32824	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUSTED, ROBERT 12528 BOHANNON BLVD ORLANDO FL 32824	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90097 015 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

5-11-00 (407) 857-4944