

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42672

1. Entity Name

SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC.

Principal Place of Business

1633 E. VINE STREET #110  
KISSIMMEE FL 34744  
US

Mailing Address

1633 E. VINE STREET #110  
KISSIMMEE FL 34744  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CARPENTER, SUE  
1633 E. VINE STREET #110  
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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	VD	<input type="checkbox"/> Delete
NAME	ZACHARKAN, JANICE	
STREET ADDRESS	11424 KENLEY CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	BERUBE, STEVE	
STREET ADDRESS	11570 KENLEY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPERO, DONALD	
STREET ADDRESS	11644 ASHRIDGE PLACE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEACH, PHYLLIS	
STREET ADDRESS	11465 KENLEY CIR	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	LEFFLER, STEVEN	
STREET ADDRESS	11559 KENLEY CIR	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

STEVEN BERUBE, PRES. 3/6/01 407/846-0346

FILED  
Mar 12, 2001 8:00 am  
Secretary of State

03-12-2001 90048 001 \*\*\*122.50

43000



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2995812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)