

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90003 036 ****70.00

DOCUMENT # N42672

1. Entity Name

SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1633 E. VINE STREET #110
 KISSIMMEE FL 34744
 US

1633 E. VINE STREET #110
 KISSIMMEE FL 34744
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2995812

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Rebecca Furlow**

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

c/o Lelana Mgmt.
1633 E. VINE ST #110

City **Kissimmee**

FL

Zip Code **34744**

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

Rebecca Furlow

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN CLUNEY	
STREET ADDRESS	11625 KENLEY CIR.	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHLEEN GHANEM	
STREET ADDRESS	477 BOHANNON BLVD.	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALERIE RUTHERFORD	
STREET ADDRESS	202 HARTWIG CT.	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM ELLIOT	
STREET ADDRESS	315 KNIGHT LAND	
CITY-ST-ZIP	ORLANDO, FL 32824	
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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)