

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

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

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 ☒ Delete
NAME ZACHARKAN, JANICE
STREET ADDRESS 11424 KENLEY CIR
CITY-ST-ZIP ORLANDO FL

TITLE P/D ☒ Change ☐ Addition
NAME STEPHEN CLUNEY
STREET ADDRESS 11625 KENLEY CIR.
CITY-ST-ZIP ORLANDO, FL 32824

TITLE PTD ☒ Delete
NAME BERUBE, STEVE
STREET ADDRESS 11570 KENLEY CIRCLE
CITY-ST-ZIP ORLANDO FL 32824

TITLE V/D ☒ Change ☐ Addition
NAME KATHLEEN GHANEM
STREET ADDRESS 477 BOHANNON BLVD.
CITY-ST-ZIP ORLANDO, FL 32824

TITLE D ☒ Delete
NAME SPERO, DONALD
STREET ADDRESS 11644 ASHRIDGE PLACE
CITY-ST-ZIP ORLANDO FL 32824

TITLE S/D ☒ Change ☐ Addition
NAME VALERIE RUTHERFORD
STREET ADDRESS 302 HARTWIG CT.
CITY-ST-ZIP ORLANDO, FL 32824

TITLE SD ☒ Delete
NAME BEACH, PHYLLIS
STREET ADDRESS 11465 KENLEY CIR
CITY-ST-ZIP ORLANDO FL 32824

TITLE T/D ☒ Change ☐ Addition
NAME JIM ELLIOT
STREET ADDRESS 315 KNIGHT LAND
CITY-ST-ZIP ORLANDO, FL 32824

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)