2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000086

1. Entity Name

SOUTHCHASE PHASE 1B COMMUNITY ASSOCIATION, INC.

FILED

02 AUG 19 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08-15-2002 90049 041 ****61.25
08-06-2002 90033 045 ****61.25

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DO NOT WRITE IN THIS SPACE

8-19

Principal Place of Business	Mailing Address
315 KNIGHTLAND COURT ORLANDO FL 32824 US	315 KNIGHTLAND COURT ORLANDO FL 32824 US

2. Principal Place of Business	3. Mailing Address
215 Celebration Pl	215 Celebration Pl
Suite, Apt. #, etc. Suite 500	Suite, Apt. #, etc. Suite 500
City & State Celebration, FL	City & State Celebration, FL
Zip 34747 Country USA	Zip 34747 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	7. Name and Address of New Registered Agent
	Name: William P. Bishop Street Address (P.O. Box Number is Not Acceptable): 215 Celebration Pl., Suite 500 City: Celebration FL Zip Code: 34747

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William P. Bishop 8-11-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ELLIOTT, JAMES 315 KNIGHTLAND CT ORLANDO FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, JOE 12517 GRECO DRIVE ORLANDO FL 32824	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Paula Coniglio 12026 Spurrier Ln. Orlando, FL 32824	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALLS, LOU 404 BECKY STREET ORLANDO FL 32824	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Steven Hatfield 424 Becky St. Orlando, FL 32824	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Anderson 12721 Greco Dr Orlando, FL 32824	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sherman Vinson 304 Crisan Ct. Orlando, FL 32824	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/02)

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 James W. Elliott