

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90055 015 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2995812

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FURLOW, REBECCA
C/O LELAND MGMT
1633 E. VINE ST., #110
KISSIMMEE, FL 34744

Name Leland Management Inc
Street Address (P.O. Box Number is Not Acceptable) C/O Rebecca Furlow
1633 E Vine St. Ste. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.**

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLUNEY, STEPHEN	
STREET ADDRESS	11625 KENLEY CIR.	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	VP VP, T	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, PHIL	
STREET ADDRESS	11656 ASHRIDGE PALCE	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	T D	<input type="checkbox"/> Delete
NAME	KAYAT, GEORGE	
STREET ADDRESS	11717 SIR. WINSY=TON WAY	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARREN, TONY	
STREET ADDRESS	11811 HART FORDSHITE WAY	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	S	<input type="checkbox"/> Delete
NAME	CIVICK, PRISCILLA	
STREET ADDRESS	11745 HATCHER CIR.	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cunningham, Phil	
STREET ADDRESS	11656 Ashridge Place	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kayat, George	
STREET ADDRESS	11717 Sir Winston Way	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carrero, Tony	
STREET ADDRESS	11811 Hartfordshire Way	
CITY-ST-ZIP	ORLANDO, FL 32824	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #