

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90030 005 ****61.25

DOCUMENT # N98000005020 1. Entity Name SOUTHCHASE PHASE 1A PARCELS 12, 14 AND 15 HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1416 CONCORD STREET EAST ORLANDO, FL 32803 US		Mailing Address P.O. BOX 531010 ORLANDO, FL 32803-1010 US	
2. Principal Place of Business <u>5401 S. Kirkman Rd</u> Suite, Apt. #, etc. <u>Suite 450</u> City & State <u>Orlando, FL</u> Zip <u>32819</u> Country <u>USA</u>		3. Mailing Address <u>5401 S. Kirkman Rd</u> Suite, Apt. #, etc. <u>Suite 450</u> City & State <u>Orlando, FL</u> Zip <u>32819</u> Country <u>USA</u>	
02232004 Chg-NP CR2E037 (10/03)		4. FEI Number 59-3578380	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent THE MELROSE CORPORATION 1416 CONCORD STREET EAST ORLANDO, FL 32803		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Community Management Professionals</u> Signature, typed or printed name of registered agent and title if applicable.		<u>Sherry McMahon</u> <u>as agent</u> DATE <u>3/23/04</u> (NOTE: Registered Agent signature required when reinstating)	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAISER, DAN 385 DOUGLAS AVENUE, STE. 2000 ALTAMONTE SPRINGS, FL 32714	☒ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAPLETON, KIRSTIN 385 DOUGLAS AVENUE, STE. 2000 ALTAMONTE SPRINGS, FL 32714	☒ Delete	☐ Change ☒ Addition <u>Thomas Soranno</u> <u>1479 Kempton Chase Pkwy</u> <u>Orlando, FL 32837</u> <u>Vice President</u> <u>Patricia Jude</u> <u>1165 Epson Oaks Way</u> <u>Orlando, FL 32837</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAKRANSKY, JAMES 385 DOUGLAS AVENUE, STE. 2000 ALTAMONTE SPRINGS, FL 32714	☒ Delete	☐ Change ☒ Addition <u>ST DENNY BUTTS</u> <u>1237 Epson Oaks Way</u> <u>Orlando, FL 32837</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>3/23/04</u> Daytime Phone # <u>407-903-9969</u>	