# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2004**
**Secretary of State**

DOCUMENT# N33096

**Entity Name:** SOUTHCHASE PARCEL 6 COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W. SR. 434
SUITE 5000
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W. SR. 434
SUITE 5000
LONGWOOD, FL 327795044 US

**New Mailing Address:**

**FEI Number: 59-3023308** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete
Name: YANY, BERTRAND
Address: 1428 BRADWELL DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: VD ( ) Delete
Name: HUDSON, RUBY
Address: 12541 WESTHOPE DR
City-St-Zip: ORLANDO, FL 32837

Title: PD ( ) Delete
Name: SFARA, KAREN
Address: 12440 BRAXTED DRIVE
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition
Name: WISNESKI, CARL
Address: 1329 WELSON RD
City-St-Zip: ORLANDO, FL 32837

Title: VPD (X) Change ( ) Addition
Name: HUDSON, RUBYE
Address: 12541 WESTHOPE DR
City-St-Zip: ORLANDO, FL 32837

Title: PD (X) Change ( ) Addition
Name: SFARA, KAREN M
Address: 12440 BRAXTED DRIVE
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN M SFARA PD 04/21/2004

Electronic Signature of Signing Officer or Director — Date