ANNUAL REPORT

2004 NOT-FOR-PROFIT CORPORATION

DOCUMENT # N98000003286

FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90264 025 ****61.25

| SOUTHCHASE PARCELS 40 AND 45 MASTER ASSOCIATION, INC. | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|---|---|---|---|-------------------------------|--|--|--|--|--|
| Principal Place of Business 1633 E. VINE STREET #110 KISSIMMEE, FL 34744 | | | | Mailing Address 1633 E. VINE STREET #110 KISSIMMEE, FL 34744 | | | | | | | | | | | |
| 6 Di-1-1-15 | Name of Charles | | [n 1/- | 70 A 3-4 | | | | | | | | | | | |
| 2. Principal Place of Business 390 N. Orange Ave 2520 | | | | 3. Mailing Address P.O. Box 1549 | | | | | 8 18 18 18 18 18 18 18 | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 04282004 | Chg-NP | CRaF | 37 (10/03) | | | | |
| Suite 2200 | | | | City B Chate | | | | | | ONEL | · , , | | | | |
| City & State 👙 Orlando, FL | | | | City & State | | | | 4. FEI Number 59-3601409 | | | | pplied For lot Applicable | | | |
| Zip Country | | | Zi | Zip Cour | | | 5. Certificate of Status Des | | f Status Decired | | \$8.75 Ac | | | | |
| 32801 | 5.41 | Orange | | 802 | Ora | nge | | | | | Fee Requir | ed | | | |
| 6. Name and Address of Current R | | | | egistered Agent | | | 7. Name and Address of New Registered Agent Name | | | | | | | | |
| FURLON, REBECCA C/O LELAND MANAGEMENT | | | | Paul Stroot Addres | | | | DeHart | , Esq. | la\ | | | | | |
| | | REET, #110 | • | | | | Street Address (P.O. Box Number is Not Acceptable) 390 N. Orange Ave., Suite 2200 | | | | | | | | |
| KISSIMME | | | | | | | | | | | | | | | |
| | | | | | | City | 7 | . . | | FI | Zip Co | | | | |
| Orla 8. The above named entity submits this statement for the purpose of changing its registered office or registred. | | | | | | | r Lan register | ed agent, or both | , in the State of FI | | _ 320 | | | | |
| the obligations of registered agent. | | | | | | | | | | | | | | | |
| CIONIATURE | Paul E. DeHart, Esq. 4/28/04 | | | | | | | | | | | | | | |
| SIGNATURE | Signature, typed | or printed same of registered ag | SIGNATURE SIgnature, typed or printed ame 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 | | | | | | | | | | | \$5.00 May Be Added to Fees Make check payable to Florida Department of State | | | | |
| <u> </u> | _ | | | 9. Election Carr Trust Fund C | | | | \$5.00 May Be Added to Fees | | | | | | | |
| 10. | Due by N | | DIRECTORS | Trust Fund C | | | Ц | Added to Fees | | rida Depa | rtment of S | State | | | |
| TITLE | PD PD | OFFICERS AND | DIRECTORS | Trust Fund C | 11. | ion. [| Ц | Added to Fees | Flo | rida Depa | rtment of S | State | | | |
| | PD CLUNEY, | flay 1, 2004 | DIRECTORS | Trust Fund C | 11. TITLE | ion. [| Ц | Added to Fees | Flo | rida Depa | IRECTORS | State N 10 | | | |
| TITLE NAME | PD CLUNEY, 11625 KE | Aay 1, 2004 OFFICERS AND I | DIRECTORS | Trust Fund C | 11. TITLE NAMI | E E | Ц | Added to Fees | Flo | rida Depa | IRECTORS | State N 10 | | | |
| TITLE NAME STREET ADDRESS | PD CLUNEY, 11625 KE ORLANDO | Aay 1, 2004 OFFICERS AND I STEPHEN NLEY CIRCLE O, FL 32824 | DIRECTORS | Trust Fund C | 11. TITLE NAMI | E E E EET ADDRESS -ST-ZIP | <u> </u> | Added to Fees | FIO | rida Depa ERS AND D | IRECTORS | State N 10 Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | PD CLUNEY, 11625 KE ORLANDO VPD CUNNING | Aay 1, 2004 OFFICERS AND I STEPHEN INLEY CIRCLE O, FL 32824 SHAM, PHIL | DIRECTORS | Trust Fund C | 11. TITLE NAMI STRE CITY TITLE | E E E E E ST-ZIP E E E | Ĥeĥ | Added to Fees | FIO OFFICE | rida Depa | IRECTORS I | State N 10 | | | |
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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. 407-852-0058

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

28-04

Daytime Phone #