

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

**DOCUMENT # N98000003286**

1. Entity Name  
**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**



2. Principal Place of Business

**390 N. Orange Ave.**

3. Mailing Address

**P.O. Box 1549**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 2200**

City & State  
**Orlando, FL**

City & State

Zip  
**32801**

Country  
**Orange**

Zip  
**32802**

Country  
**Orange**

04282004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3601409**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FURLON, REBECCA  
C/O LELAND MANAGEMENT  
1683 EAST VINE STREET, #110  
KISSIMMEE, FL 34744**

7. Name and Address of New Registered Agent

Name  
**Paul E. DeHart, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**390 N. Orange Ave., Suite 2200**  
City  
**Orlando** **FL** Zip Code  
**32801**

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 *Paul E. DeHart*  
Signature, typed or printed name of registered agent and title if applicable.

**Paul E. DeHart, Esq.**

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CLUNEY, STEPHEN  
11625 KENLEY CIRCLE  
ORLANDO, FL 32824** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
CUNNINGHAM, PHIL  
11656 ASHRIDGE PLACE  
ORLANDO, FL 32824** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
KAYAT, GEORGE  
11717 SIR WINSTON WAY  
ORLANDO, FL 32824** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
CIVICX, PRISCILLA  
11745 HATCHER CIR.  
ORLANDO, FL 32824** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Heher, Bill VPD  
419 Tess Court  
Orlando, FL 32824** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
Kayat, George  
11717 Sir Winston Way  
Orlando, FL 32824** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Cunningham, Phil T  
11656 Ashridge Place  
Orlando, FL 32824** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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: *Stephen Cluney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-852-0058  
4-28-04