


# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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| <b>DOCUMENT # N42672</b><br>1. Entity Name<br>SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION,<br>INC. |  |
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FILED

04 JUL -1 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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|---|---|
| Principal Place of Business<br>C/O BOYLE MANAGEMENT SERVICES<br>498 PALM SPRINGS DRIVE, STE. 235<br>ALTAMONTE SPRINGS, FL 32701 | Mailing Address<br>C/O BOYLE MANAGEMENT SERVICES<br>498 PALM SPRINGS DRIVE, STE. 235<br>ALTAMONTE SPRINGS, FL 32701 |
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|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

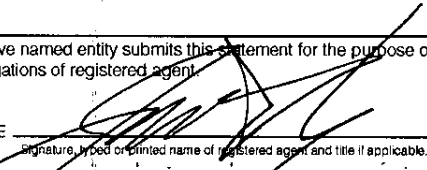
06082004 Chg-NP CR2E037 (10/03)

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|-----------------------------|-----------------------------|
| City & State<br>Zip Country | City & State<br>Zip Country |
|-----------------------------|-----------------------------|

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| 4. FEI Number<br>59-2995812  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

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| 6. Name and Address of Current Registered Agent<br>FURLOW, REBECCA<br>C/O LELAND MGMT<br>1633 E. VINE ST., #110<br>KISSIMMEE, FL 34744 | 7. Name and Address of New Registered Agent<br>Name: <u>Jim W. Boyle</u><br>Street Address (P.O. Box Number is not acceptable): <u>498 Palm Springs Drive</u><br><u>Suite 235</u><br>City: <u>Altamonte Springs</u> FL Zip Code: <u>32701</u> |
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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:  DATE: 6/8/04

(NOTE: Registered Agent signature required when reinstating)

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| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CLUNEY, STEPHEN <input type="checkbox"/> Delete<br>11625 KENLEY CIR.<br>ORLANDO, FL 32824      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPT<br>CUNNINGHAM, PHIL <input type="checkbox"/> Delete<br>11656 ASHRIDGE PALCE<br>ORLANDO, FL 32824 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KAYAT, GEORGE <input type="checkbox"/> Delete<br>11717 SIR WINSTON WAY<br>ORLANDO, FL 32824     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>300039084 058<br>07/14/04--01007--010 **61.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CARREN, TONY <input type="checkbox"/> Delete<br>11811 HARTFORDSHIRE WAY<br>ORLANDO, FL 32824    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>CIVICK, PRISCILLA <input type="checkbox"/> Delete<br>11745 HATCHER CIR.<br>ORLANDO, FL 32824    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 Cluneey, President Date: 6-23-04 Day/Time Phone #: 407-260-5344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR