2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# N93000001243

Entity Name: SOUTHCHASE PARCEL 5 COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

% SENTRY MANAGEMENT INC.
2180 WEST SR 434, STE. 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

% SENTRY MANAGEMENT INC.
2180 WEST SR 434, STE. 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3180917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
% SENTRY MANAGEMENT INC.
2180 WEST SR 434, STE. 5000
LONGWOOD, FL 327795044 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: PD ( ) Delete
Name: KING, ARNOLD
Address: 12467 BEACONTREE WAY
City-St-Zip: ORLANDO, FL 32837

Title: TD ( ) Delete
Name: BOHANAN, SEAN
Address: 1801 SNARESBROOK WAY
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete
Name: YOUNG-BOHANAN, DEBRA
Address: 1801 SNARESBROOK WAY
City-St-Zip: ORLANDO, FL 32837

Title: VPD ( ) Delete
Name: COLUMBO, STEVEN J
Address: 1837 TATTENHAM WAY
City-St-Zip: ORLANDO, FL 32837

Title: SD ( ) Delete
Name: DICKSON, DONALD
Address: 12561 BEACONTREE WAY
City-St-Zip: ORLANDO, FL 32827

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ARNOLD KING PD 04/19/2005
Electronic Signature of Signing Officer or Director — Date