2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N97000004738

Entity Name: SOUTHCHASE PARCELS 8 AND 9 PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4890 W KENNEDY BLVD,
SUITE 920
TAMPA, FL 336091863 US

New Principal Place of Business:

Current Mailing Address:

4890 W KENNEDY BLVD,
SUITE 920
TAMPA, FL 336091863 US

New Mailing Address:

FEI Number: 65-0780747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: D ( ) Delete
Name: BRAY, MATTHEW J
Address: 4890 W. KENNEDY BLVD., STE 920
City-St-Zip: TAMPA, FL 336091863

Title: D ( ) Delete
Name: GRADDY, JOSEPH M
Address: 3499 BLAZER PARKWAY
City-St-Zip: LEXINGTON, KY 40509

Title: D ( ) Delete
Name: NEWBERRY, WYLAN
Address: 2830 N. ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete
Name: HUNTER, MARK
Address: PO BOX 105035
City-St-Zip: ATLANTA, GA 30348

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:

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: DAVID M CRONIN CPA 04/30/2005

Electronic Signature of Signing Officer or Director — Date