2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90308 004 ****61.25

DOCUMENT # N98000005020

1. Entity Name
SOUTHCHASE PHASE 1A PARCELS 12, 14 AND 15 HOMEOWNERS ASSOCIATION, INC.

50043778

Principal Place of Business	Mailing Address
5401 S. KIRKMAN RD STE 450 ORLANDO, FL 32819 US	5401 S. KIRKMAN RD STE 450 ORLANDO, FL 32819 US

04142005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3578380 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THE MELROSE CORPORATION
1416 CONCORD STREET EAST
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name: Community Management Professionals, Inc.
Street Address (P.O. Box Number is Not Acceptable): 5401 Kirkman Rd. STE. 450
City: Orlando FL Zip Code: 32819

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: Patricia Jude Sue Carpenter, Pres. 4-20-05
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SORANNO, THOMAS 1479 KEMPTON CHASE PKWY ORLANDO, FL 32837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JUDE, PATRICIA 1165 EPSON OAKS WAY ORLANDO, FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Patricia Jude 1165 EPSon OAKS WAY ORlando FL. 32837 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BUTTS, DENNY 1237 EPSON OAKS WY ORLANDO, FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Denny BUTTS 1237 Epson oaks way Orlando FL 32837 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Linda morrill 1143 EPSon OAKS WAY orlando FL. 32837 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Patricia Jude 4-19-05 407-903-9969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #