

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90252 022 ****61.25

DOCUMENT # N42672

1. Entity Name
SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**1350 ORANGE AVE
STE 100
WINTER PARK, FL 32789**

Mailing Address
**1350 ORANGE AVE
STE 100
WINTER PARK, FL 32789**

40033200



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2995812

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILLIPS, ROGER V
ATTWOOD-PHILLIPS INC
1350 ORANGE AVE, STE 100
WINTER PARK, FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Pamela M. Fultz

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-06

**Filing Fee is \$61.25
Due by May 1, 2006**

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 PD ☒ Delete
NAME CLUNEY, STEPHEN
STREET ADDRESS 11625 KENLEY CIR.
CITY-ST-ZIP ORLANDO, FL 32824

TITLE PD ☐ Change ☒ Addition
NAME FULTZ, PAMELA
STREET ADDRESS 11600 ASHRIDGE PL
CITY-ST-ZIP ORLANDO FL 32824

TITLE VPT ☐ Delete
NAME CUNNINGHAM, PHIL
STREET ADDRESS 11656 ASHRIDGE PALCE
CITY-ST-ZIP ORLANDO, FL 32824

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

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

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

TITLE D ☐ Delete
NAME TORRES, MILLIE
STREET ADDRESS 362 WHITE MARSH CIR
CITY-ST-ZIP ORLANDO, FL 32824

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

TITLE S ☐ Delete
NAME CIVICK, PRISCILLA
STREET ADDRESS 11745 HATCHER CIR.
CITY-ST-ZIP ORLANDO, FL 32824

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Pamela M. Fultz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-06