


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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

40033234



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

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

7. Name and Address of New Registered Agent

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* DATE 3-12-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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* DATE 3-12-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #