




**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**

50019749

<b>DOCUMENT # N93000000086</b>		<b>Secretary of State</b> 05-26-2006 90014 002 ***61.25	
1. Entity Name <b>SOUTHCHASE PHASE 1B COMMUNITY ASSOCIATION, INC.</b>			
Principal Place of Business <b>215 CELEBRATION PLACE SUITE 500 CELEBRATION, FL 34747 US</b>		Mailing Address <b>215 CELEBRATION PLACE SUITE 500 CELEBRATION, FL 34747 US</b>	
2. Principal Place of Business <b>1801 Cook Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>1801 Cook Avenue</b> Suite, Apt. #, etc.	
City & State <b>Orlando Florida</b> Zip <b>32806</b> Country <b>Orange</b>		City & State <b>Orlando Florida</b> Zip <b>32806</b> Country <b>Orange</b>	
4. FEI Number <b>59-3167856</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DON ASHER &amp; ASSOC. 52 E. SOUTH STREET ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name <b>Steven D. Asher</b> Street Address (P.O. Box Number is Not Acceptable) <b>1801 Cook Avenue</b> City <b>Orlando</b> FL Zip Code <b>32806</b>	
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  DATE <b>5-24-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD ELLIOTT, JAMES 315 KNIGHTLAND CT ORLANDO, FL 32824 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP     <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP CONIGLIO, PAULA 12826 SPURRIER LANE ORLANDO, FL 32824 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP     <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP T HATFIELD, STEVEN 424 BECKY ST ORLANDO, FL 32824 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP     <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ANDERSON, JOHN 12721 GRECO DRIVE ORLANDO, FL 32824 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP     <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ROEDER, WILLIAM 223 KASSIK CIR ORLANDO, FL 32824 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP     <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP     <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP     <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DATE <b>5-24-06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			