

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90044 047 ****61.25

DOCUMENT # N93000000086					
1. Entity Name SOUTHCHASE PHASE 1B COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 1801 COOK AVE. ORLANDO, FL 32806 US			Mailing Address 1801 COOK AVE. SUITE 500 ORLANDO, FL 32806 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3167856	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASHER, STEVEN D 1801 COOK AVE. ORLANDO, FL 32806			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$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	NAME ELLIOTT, JAMES		TITLE 	NAME 	
STREET ADDRESS 315 KNIGHTLAND CT	CITY-ST-ZIP ORLANDO, FL 32824		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP	NAME CONIGLIO, PAULA		TITLE VP	NAME Cabral, Martin	
STREET ADDRESS 12826 SPURRIER LANE	CITY-ST-ZIP ORLANDO, FL 32824		STREET ADDRESS 12504 Greco Drive	CITY-ST-ZIP Orlando, FL 32824	
TITLE T	NAME HATFIELD, STEVEN		TITLE 	NAME 	
STREET ADDRESS 424 BECKY ST	CITY-ST-ZIP ORLANDO, FL 32824		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME ANDERSON, JOHN		TITLE D	NAME Walker, Chad	
STREET ADDRESS 12721 GRECO DRIVE	CITY-ST-ZIP ORLANDO, FL 32824		STREET ADDRESS 405 Knightland Crt.	CITY-ST-ZIP Orlando, FL 32824	
TITLE D	NAME ROEDER, WILLIAM		TITLE D	NAME Coniglio, Paula	
STREET ADDRESS 223 KASSIK CIR	CITY-ST-ZIP ORLANDO, FL 32824		STREET ADDRESS 12826 Spurrier Lane	CITY-ST-ZIP Orlando, FL 32824	
TITLE 	NAME 		TITLE STD	NAME Roeder, Bill	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 223 Kassik Circle	CITY-ST-ZIP Orlando, FL 32824	
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:			5/25/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		