


FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90208 008 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N42672			
1. Entity Name SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC.			
Principal Place of Business C/O ATTWOOD-PHILLIPS INC 1350 ORANGE AVE STE 100 WINTER PARK, FL 32789-4832		Mailing Address C/O ATTWOOD-PHILLIPS INC 1350 ORANGE AVE STE 100 WINTER PARK, FL 32789-4832	
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 69-2895812		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GASPERONI & FLETCHER 158 S. CHARLES RICHARD BEALL BLVD SUITE 2 DEBARY, FL 32713		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		DATE	
Filing Fee to \$81.35 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP	TITLE	
NAME	FULTZ, PAMELA	NAME	
STREET ADDRESS	11600 ASHRIDGE PL.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32834	CITY-ST-ZIP	
TITLE	DVT	TITLE	BEUKOLA, JOE (S)
NAME	CUNNINGHAM, PHIL	NAME	313 BUREAU ST.
STREET ADDRESS	11600 ASHRIDGE PL.	STREET ADDRESS	ORLANDO, FL 32834
CITY-ST-ZIP	ORLANDO, FL 32834	CITY-ST-ZIP	
TITLE	D	TITLE	JUDY PARKIS (M)
NAME	KAYAT, GEORGE	NAME	2718 WOODGATE CIRCLE
STREET ADDRESS	11717 SIR WINSTON WAY	STREET ADDRESS	KISSIMEE, FL 32116
CITY-ST-ZIP	ORLANDO, FL 32834	CITY-ST-ZIP	
TITLE	D	TITLE	MARJORIE WRENH (S)
NAME	NG, VICTOR	NAME	600 WESLEY CIRCLE
STREET ADDRESS	630 BOHANNON BLVD	STREET ADDRESS	ORLANDO, FL 32834
CITY-ST-ZIP	ORLANDO, FL 32834	CITY-ST-ZIP	
TITLE	DS	TITLE	JIM FULTZ (D)
NAME	CVICK, PRISCILLA	NAME	101 BOHANNON BLVD.
STREET ADDRESS	11745 HATCHER CIR.	STREET ADDRESS	ORLANDO, FL 32834
CITY-ST-ZIP	ORLANDO, FL 32834	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 life empowered.			
SIGNATURE: <i>Joe Beukola</i>		Date: <i>4/19/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR		Date	

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