

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000086

FILED  
Jan 27, 2009  
Secretary of State

**Entity Name:** SOUTHCHASE PHASE 1B COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1801 COOK AVE.  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

1801 COOK AVE.  
SUITE 500  
ORLANDO, FL 32806 US

**New Mailing Address:**

**FEI Number:** 59-3167856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASHER, STEVEN D  
1801 COOK AVE.  
ORLANDO, FL 32806 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ELLIOTT, JAMES  
Address: 315 KNIGHTLAND CT  
City-St-Zip: ORLANDO, FL 32824

Title: VP ( ) Delete  
Name: CABRAL, MARTIN  
Address: 12504 GRECO DRIVE  
City-St-Zip: ORLANDO, FL 32824

Title: DT ( ) Delete  
Name: WALKER, CHAD  
Address: 405 KNIGHTLAND CRT  
City-St-Zip: ORLANDO, FL 32824

Title: DS (X) Delete  
Name: CONIGLIO, PAULA  
Address: 12826 SPURRIER LANE  
City-St-Zip: ORLANDO, FL 32824

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATTI ACOCELLA

MGR

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date