

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33740

FILED
Feb 19, 2009
Secretary of State

Entity Name: SOUTHCHASE PARCEL I COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O WORLD OF HOMES
2884 S OSCEOLA AVE
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

C/O WORLD OF HOMES
2884 S OSCEOLA AVE
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 59-2996064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, VICKI
2884 S. OSCEOLA AVENUE
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: ST () Delete
Name: MORELLI, HOLLY
Address: 11820 HULLBRIDGE COURT
City-St-Zip: ORLANDO, FL 32837

Title: DVP () Delete
Name: GARCIA, MIGUEL
Address: 11948 FREITH DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: PD () Delete
Name: HASSARD, D
Address: 2027 TIP TREE CIR
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: MERRIHEW, CHERYL
Address: 11806 NEW CHAPEL COURT
City-St-Zip: ORLANDO, FL 32837

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: TOM TEMPFER

MGR

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date