

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42672

FILED
Apr 27, 2009
Secretary of State

Entity Name: SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

385 DOUGLAS AVE
STE 3000
ALTAMONTE SPRINGS, FL 327144932

New Principal Place of Business:

Current Mailing Address:

385 DOUGLAS AVE
STE 3000
ALTAMONTE SPRINGS, FL 327144932

New Mailing Address:

FEI Number: 59-2995812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSEN & ASSOCIATES, P.A.
300 S ORANGE AVE
SUITE 1200
ORLANDO, FL 32801 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: VP () Delete
Name: FULTZ, PAMELA
Address: 11600 ASHRIDGE PL
City-St-Zip: ORLANDO, FL 32824

Title: P () Delete
Name: DENKOLM, JOE
Address: 313 BURLEIGT ST
City-St-Zip: ORLANDO, FL 32824

Title: T () Delete
Name: PALACIO, JOHN
Address: 2798 WINDERFORM CIR
City-St-Zip: KISSIMMEE, FL 34743

Title: S () Delete
Name: WRENN, MARJORIE
Address: 680 WESOTLER CIR
City-St-Zip: ORLANDO, FL 32824

Title: D (X) Delete
Name: RUSTT, JIM
Address: 604 BAHAMAS BLVD
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: DENICOLA, JOE
Address: 313 BURLEIGT ST
City-St-Zip: ORLANDO, FL 32824

Title: T (X) Change () Addition
Name: ELLIOTT, JAMES
Address: 315 KNIGHTLAND COURT
City-St-Zip: ORLANDO, FL 32824

Title: D (X) Change () Addition
Name: KOVACS, JOHN
Address: 11601 KENLY CIRCLE
City-St-Zip: ORLANDO, FL 32824

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: JOSEPH DENICOLA

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date