

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91753 001 \*\*\*122.50

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**DOCUMENT # N42672**

1. Entity Name

**SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC.**



Principal Place of Business

1633 E. VINE STREET #110  
KISSIMMEE FL 34744  
US

Mailing Address

1633 E. VINE STREET #110  
KISSIMMEE FL 34744  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2995812**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FURLOW, REBECCA  
C/O LELAND MGMT  
1633 E. VINE ST., #110  
KISSIMMEE FL 34744**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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** ☐ Delete  
NAME **CLUNEY, STEPHEN**  
STREET ADDRESS **11625 KENLEY CIR.**  
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Phil Cunningham**  
STREET ADDRESS **11656 Ashridge Place**  
CITY-ST-ZIP **Orlando FL 32824**

TITLE **VD** ☒ Delete  
NAME **GHANELA, KATHLEEN**  
STREET ADDRESS **477 BOHANNON BLVD**  
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **T** ☐ Change ☒ Addition  
NAME **George Kayat**  
STREET ADDRESS **11717 Sir Winston Way**  
CITY-ST-ZIP **Orlando, FL 32824**

TITLE **SD** ☒ Delete  
NAME **RUTHERFORD, VALERIE**  
STREET ADDRESS **202 HARTWIG CT.**  
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **D** ☐ Change ☒ Addition  
NAME **Tony Carro**  
STREET ADDRESS **11811 Hartfordshire Way**  
CITY-ST-ZIP **Orlando, FL 32824**

TITLE **TD** ☒ Delete  
NAME **ELLIOT, JIM**  
STREET ADDRESS **315 KNIGHT LAND**  
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **S** ☐ Change ☒ Addition  
NAME **Priscilla Civick**  
STREET ADDRESS **11745 Hatcher Cir**  
CITY-ST-ZIP **Orlando, FL 32824**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Signature of Registered Agent*

4-26-03

407-846 0346

CR2E037 (10/02)