

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42672

**FILED**  
**Mar 14, 2016**  
**Secretary of State**  
**CC2096258170**

**Entity Name:** SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

8390 CHAMPIONSGATE BLVD  
SUITE 304  
CHAMPIONSGATE , FL 33896

**Current Mailing Address:**

8390 CHAMPIONSGATE BLVD  
SUITE 304  
CHAMPIONSGATE, FL 33896 US

**FEI Number:** 59-2995812

**Certificate of Status Desired:** No

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

AEGIS COMMUNITY MANAGEMENT SOLUTIONS  
AEGIS COMMUNITY MANAGEMENT SOLUTIONS  
8390 CHAMPIONSGATE BLVD SUITE 304  
CHAMPIONSGATE , FL 33896 US

*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:** DAVID BURMAN

03/14/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SHANNON, KATHLEAN  
Address 8390 CHAMPIONSGATE BLVD  
SUITE 304  
City-State-Zip: CHAMPIONSGATE FL 33896

Title DIRECTOR  
Name ZUBER, DAN  
Address 8390 CHAMPIONSGATE BLVD  
SUITE 304  
City-State-Zip: CHAMPIONSGATE FL 33896

Title VP  
Name VELASQUEZ, LUIS  
Address 8390 CHAMPIONSGATE BLVD  
SUITE 304  
City-State-Zip: CHAMPIONSGATE FL 33896

Title DIRECTOR  
Name MEINZ, DAVID  
Address 8390 CHAMPIONSGATE BLVD  
SUITE 304  
City-State-Zip: CHAMPIONSGATE FL 33896

Title SECRETARY  
Name TUCKER, SHARON  
Address 8390 CHAMPIONSGATE BLVD  
SUITE 304  
City-State-Zip: CHAMPIONSGATE FL 33896

Title DIRECTOR  
Name ACOSTA, MIKE  
Address 8390 CHAMPIONSGATE BLVD  
SUITE 304  
City-State-Zip: CHAMPIONSGATE FL 33896

Title TREASURER  
Name VARGAS, BARBARA  
Address 8390 CHAMPIONSGATE BLVD  
SUITE 304  
City-State-Zip: CHAMPIONSGATE FL 33896

*I hereby 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 all other like empowered.*

**SIGNATURE:** KATHLEAN SHANNON

**PRESIDENT**

03/14/2016

Electronic Signature of Signing Officer/Director Detail

Date