2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N42672

Entity Name: SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC.

FILED
Apr 24, 2017
Secretary of State
CC3333350078

Current Principal Place of Business:

761 CIARA CREEK COVE LONGWOOD, FL 32750

Current Mailing Address:

761 CIARA CREEK COVE LONGWOOD, FL 32750 US

FEI Number: 59-2995812 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BONO AND ASSOCIATES, LLC 761 CIARA CREEK COVE LONGWOOD, FL 32750 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: MICHAEL L BONO 04/24/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title TREASURER

Name SHANNON, KATHLEAN Name ZUBER, DAN

Address 761 CIARA CREEK COVE Address 761 CIARA CREEK COVE

City-State-Zip: LONGWOOD FL 32750 City-State-Zip: LONGWOOD FL 32750

Title VP Title DIRECTOR

Name VELASQUEZ, LUIS Name MEINZ, DAVID

Address 761 CIARA CREEK COVE Address 761 CIARA CREEK COVE

City-State-Zip: LONGWOOD FL 32750 City-State-Zip: LONGWOOD FL 32750

Title SECRETARY Title DIRECTOR

Name TUCKER, SHARON Name ACOSTA, MIKE

Address 761 CIARA CREEK COVE Address 761 CIARA CREEK COVE

City-State-Zip: LONGWOOD FL 32750 City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR

Name KOVACS, JOHN

Address 761 CIARA CREEK COVE City-State-Zip: LONGWOOD FL 32750

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 04/24/2017

Electronic Signature of Signing Officer/Director Detail

Date