## 2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N42672

Entity Name: SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC.

**FILED** Aug 31, 2015 Secretary of State CC8157852912

## **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 08/31/2015

> Date Electronic Signature of Registered Agent

> > Title

Officer/Director Detail:

Title Title DIRECTOR Name SHANNON, KATHLEAN Name ZUBER, DAN

8390 CHAMPIONSGATE BLVD 8390 CHAMPIONSGATE BLVD Address Address

> SUITE 304 SUITE 304

City-State-Zip: CHAMPIONSGATE FL 33896 City-State-Zip: CHAMPIONSGATE FL 33896

Title **DIRECTOR** Name VELASQUEZ, LUIS Name MEINZ, DAVID

Address 8390 CHAMPIONSGATE BLVD Address 8390 CHAMPIONSGATE BLVD

> SUITE 304 SUITE 304

CHAMPIONSGATE FL 33896 City-State-Zip: CHAMPIONSGATE FL 33896 City-State-Zip:

Title Title SECRETARY DIRECTOR TUCKER, SHARON ACOSTA, MIKE Name Name

Address 8390 CHAMPIONSGATE BLVD Address 8390 CHAMPIONSGATE BLVD

SUITE 304 SUITE 304

City-State-Zip: CHAMPIONSGATE FL 33896 City-State-Zip: CHAMPIONSGATE FL 33896

Title **TREASURER** 

Name VARGAS, BARBARA

Address 8390 CHAMPIONSGATE BLVD

SUITE 304

CHAMPIONSGATE FL 33896 City-State-Zip:

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.

08/31/2015 SIGNATURE: KATHLEAN SHANNON **PRESIDENT**