

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N42672

Entity Name: SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC.

**FILED
Jul 30, 2015
Secretary of State
CC0786821606**

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:

AGIS COMMUNITY MANAGEMENT SOLUTIONS
AGIS 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

07/30/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name VELASQUEZ, LUIS
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 VARGAS, BARBARA
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 SHANNON, KATHLEAN
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: LUIS VELASQUEZ

P

07/30/2015

Electronic Signature of Signing Officer/Director Detail

Date