

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001243

Entity Name: SOUTHCHASE PARCEL 5 COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**6972 LAKE GLORIA BLVD
ORLANDO, FL 32809**Current Mailing Address:**6972 LAKE GLORIA BLVD
ORLANDO, FL 32809**FEI Number:** 59-3180917**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LELAND MANAGEMENT INC
6972 LAKE GLORIA BLVD
2180 WEST SR 434, STE. 5000
ORLANDO, FL 32809 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	KING, ARNOLD
Address	126972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

Title	DIRECTOR
Name	PATRICK , MATTHEWS
Address	6972 LAKE GLORIA BVLD.
City-State-Zip:	ORLANDO FL 32809

Title	VP
Name	COLUMBO, STEVEN
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

Title	TREASURER
Name	COLUMBO, AYNE F
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

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: KING, ARNOLD**PRESIDENT****04/21/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date