

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90208 010 ****61.25

DOCUMENT # N33097					
1. Entity Name SOUTHCHASE PARCELS 1 AND 6 MASTER ASSOCIATION, INC.					
Principal Place of Business 2884 S OSCEOLA AVE ORLANDO, FL 32806 US		Mailing Address 2884 S OSCEOLA AVE ORLANDO, FL 32806 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3037109	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent WORLD OF HOMES 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME GARCIA, MIGUEL STREET ADDRESS 11948 FRIETH DR CITY-ST-ZIP ORLANDO, FL 32837	<input type="checkbox"/> Delete		TITLE PD NAME Dennis Hassard STREET ADDRESS 2027 Tiptree Cir CITY-ST-ZIP Orlando, FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HUDSON, RUBY STREET ADDRESS 12541 W HOPE CITY-ST-ZIP ORLANDO, FL 32837	<input type="checkbox"/> Delete		TITLE VPD NAME Miguel Garcia STREET ADDRESS 11948 Frieth Dr CITY-ST-ZIP Orlando, FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVP NAME HASSARD, DENNIS STREET ADDRESS 2027 TIPTREE CR CITY-ST-ZIP ORLANDO, FL	<input type="checkbox"/> Delete		TITLE STD NAME Holly morelli STREET ADDRESS 11820 Hullbridge CITY-ST-ZIP Orlando, FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MORELLI, HOLLY STREET ADDRESS 11820 HULLBRIDGE CITY-ST-ZIP ORLANDO, FL 32837	<input type="checkbox"/> Delete		TITLE D NAME Cheryl Merrihew STREET ADDRESS 11806 New Chapel Ct CITY-ST-ZIP Orlando, FL 32837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME PINSKY, BRIDGET STREET ADDRESS 12526 BRAXTEN DRIVE CITY-ST-ZIP ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <i>[Signature]</i> 2/27/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					