

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N33740 (4)**  
1. Corporation Name  
**SOUTHCHASE PARCEL I COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**1637 E VINE STREET  
STE E  
KISSIMMEE FL 34744  
US**

Mailing Address  
**1637 E VINE STREET  
STE E  
KISSIMMEE FL 34744  
US**

3. Date Incorporated or Qualified  
**08/14/1989**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-2996064**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

## 9. Name and Address of Current Registered Agent

**DAUGHERTY, PATRICIA  
250 N ORANGE AVE., STE 1100  
ORLANDO FL 32801**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRELLINGER, DAN	
STREET ADDRESS	11918 FRIETH DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LESLIE, MONA	
STREET ADDRESS	2149 TIPTREE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WEATHERS, LISA	
STREET ADDRESS	720 BRIGHTON PLACE BLVD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRUDGE, DEREK	
STREET ADDRESS	11885 SINDLESHAM COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOVAK, JAMES	
STREET ADDRESS	1631 BURRYPORT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'BRIEN, DAVID	
STREET ADDRESS	2054 IPSDEN DRIVE	
CITY-ST-ZIP	ORLANDO FL	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Cesar Borri	
13 STREET ADDRESS	11953 Frieth Drive	
14 CITY-ST-ZIP	Orlando, FL 32837	
21 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Maria Hamilton	
23 STREET ADDRESS	11966 Freith Drive	
24 CITY-ST-ZIP	Orlando, FL 32837	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Joe Cruz	
43 STREET ADDRESS	2009 Ipsden Drive	
44 CITY-ST-ZIP	Orlando, FL 32837	
51 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Carney Petillo	
53 STREET ADDRESS	1931 Tiptree Circle	
54 CITY-ST-ZIP	Orlando, FL 32837	
61 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Miguel Garica	
63 STREET ADDRESS	11948 Freith Drive	
64 CITY-ST-ZIP	Orlando, FL 32837	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Lisa A. Weathers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa A. Weathers

4-25-96

(407)931-0400

Date

Daytime Phone #

CR2E037 (12/95)