

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

1637 E VINE STREET  
STE E  
KISSIMMEE FL 34744  
US1637 E VINE STREET  
STE E  
KISSIMMEE FL 34744-3744  
US3. Date Incorporated or Qualified  
08/14/19893a. Date of Last Report  
05/01/19964. FEI Number  
59-2996084Applied For  
Not Applicable2. Principal Place of Business  
21 1633 E. Vine St.2a. Mailing Address  
26 1633 E. Vine St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 207

27 Suite 207

City &amp; State

City &amp; State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carney Petillo	
1.3 STREET ADDRESS	1931 Tiptree Cr.	
1.4 CITY-ST-ZIP	Orlando, FL 32837	
2.1 TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Miguel Garcia	
2.3 STREET ADDRESS	11948 Frieth Dr.	
2.4 CITY-ST-ZIP	Orlando, FL 32837	
3.1 TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dennis Hassard	
3.3 STREET ADDRESS	2027 Tiptree Cr.	
3.4 CITY-ST-ZIP	Orlando, FL 32837	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John Guerra	
4.3 STREET ADDRESS	11842 New Chapel Ct.	
4.4 CITY-ST-ZIP	Orlando, FL 32837	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Pablo Marquez	
5.3 STREET ADDRESS	11854 New Chapel Ct.	
5.4 CITY-ST-ZIP	Orlando, FL 32837	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97 4078460346  
Date Daytime Phone # 00000005

CR2E037 (9/96)