

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33740

1. Entity Name

SOUTHCHASE PARCEL I COMMUNITY ASSOCIATION, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90295 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

820 PALM WAY STREET  
KISSIMMEE FL 34744  
US

WORLD OF HOMES  
820 PALM WAY STREET  
KISSIMMEE FL 34744-4542  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2996064

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, VICKI  
C/O WORLD OF HOMES  
820 PALMWAY STREET  
KISSIMMEE FL 34744

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MORELLI, HOLLY  
CITY-ST-ZIP 11820 HULLBRIDGE COURT  
ORLANDO FL 32837

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DVP  
STREET ADDRESS GARCIA, MIGUEL  
CITY-ST-ZIP 11948 FREITH DRIVE  
ORLANDO FL 32837

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS CARNEY, PETILLO  
CITY-ST-ZIP 1931 TIP TREE CIRCLE  
ORLANDO FL 32837

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DST  
STREET ADDRESS HASSARD, D  
CITY-ST-ZIP TIPTREE CIR  
ORLANDO FL 32837

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME D  
STREET ADDRESS MARQUEZ, PABLO  
CITY-ST-ZIP 11854 NEW CHAPEL CT  
ORLANDO FL 32837

TITLE ☐ Change ☒ Addition  
NAME Shannon Brittan  
STREET ADDRESS 4425 Frieth Dr.  
CITY-ST-ZIP Orlando, FL 32837

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)