

FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N42672 (8)  
1. Corporation Name  
SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address  
2180 WEST SR 434 2180 WEST SR 434  
SUITE 5000 SUITE 5000  
LONGWOOD FL 32779-5044 LONGWOOD FL 32779-5044  
US US

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 03/25/1991 3a. Date of Last Report 05/01/1996  
4. FEI Number 59-3068780 59-2995812 Applied For  
XXXXXXXXXX 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

9. Name and Address of Current Registered Agent  
HART, JAMES W. JR.  
SENTRY MANAGEMENT INC  
2180 WEST SR 434, SUITE 5000  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent  
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  
TITLE PD ☒ DELETE  
NAME BUSHEY, DARLENE  
STREET ADDRESS 11774 SIR WINSTON WAY  
CITY-ST-ZIP ORLANDO FL  
TITLE VD ☒ DELETE  
NAME PEREZ, LOU  
STREET ADDRESS 11681 SIR WINSTON WAY  
CITY-ST-ZIP ORLANDO FL  
TITLE SD ☒ DELETE  
NAME AYER, LISA  
STREET ADDRESS 762 WECHSLER CIRCLE  
CITY-ST-ZIP ORLANDO FL  
TITLE TD ☐ DELETE  
NAME THOMPSON, BOB  
STREET ADDRESS 11700 KENNINGTON COURT  
CITY-ST-ZIP ORLANDO FL  
TITLE D ☐ DELETE  
NAME FINNEGAN, J.R.  
STREET ADDRESS 118 WHITE MARSH CIRCLE  
CITY-ST-ZIP ORLANDO FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE SD ☐ Change ☒ Addition  
1.2 NAME JANICE ZACHARKAN  
1.3 STREET ADDRESS 11424 KENLEY CIRCLE  
1.4 CITY-ST-ZIP ORLANDO FL 32824  
2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME DONALD SPERO  
2.3 STREET ADDRESS 11644 ASHRIDGE PLACE  
2.4 CITY-ST-ZIP ORLANDO FL 32824  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE PD ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ 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 J.R. Finnegan 407/846-1022/3

CR2E037 (9/96)