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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42672

1. Corporation Name

SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC.

Principal Place of Business

C/O ATTWOOD-PHILLIPS, INC.
1350 ORANGE AVENUE
WINTER PARK FL 32789
US

Mailing Address

C/O ATTWOOD-PHILLIPS, INC.
P.O. BOX 1208
WINTER PARK FL 32790-1208
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/25/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2995812

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, ROGER V.
ATTWOOD-PHILLIPS, INC.
1350 ORANGE AVENUE
WINTER PARK FL 32789

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 SD DELETE
NAME ZACHARKAN, JANICE
STREET ADDRESS 11424 KENLEY CIR
CITY-ST-ZIP ORLANDO FL

1.1 TITLE VP/D Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME BERUBE, STEVE
STREET ADDRESS 11570 KENLEY CIRCLE
CITY-ST-ZIP ORLANDO FL 32824

2.1 TITLE P/O/D Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD DELETE
NAME THOMPSON, BOB
STREET ADDRESS 11700 KENNINGTON COURT
CITY-ST-ZIP ORLANDO FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD DELETE
NAME FINNEGAN, J.R.
STREET ADDRESS 116 WHITE MARSH CIRCLE
CITY-ST-ZIP ORLANDO FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME SPERO, DONALD
STREET ADDRESS 11644 ASHRIDGE PLACE
CITY-ST-ZIP ORLANDO FL 32824

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE S/D Change Addition
6.2 NAME PHYLLIS BEACH
6.3 STREET ADDRESS 11465 KENLEY CIR.
6.4 CITY-ST-ZIP ORLANDO FL 32824

14. 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 annual report or supplemental annual reports 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, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99

407 644-4500
Daytime Phone #

CR2E037-(1/198)