

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

04-25-2005 90214 043 ****61.25

DOCUMENT # N42672
 1. Entity Name
 SOUTHCHASE PARCEL 45 COMMUNITY ASSOCIATION, INC.



Principal Place of Business
 C/O BOYLE MANAGEMENT SERVICES
 498 PALM SPRINGS DRIVE, STE. 235
 ALTAMONTE SPRINGS, FL 32701

Mailing Address
 C/O BOYLE MANAGEMENT SERVICES
 498 PALM SPRINGS DRIVE, STE. 235
 ALTAMONTE SPRINGS, FL 32701

66019787



2. Principal Place of Business
 1350 Orange Ave
 Suite, Apt. #, etc.
 Ste 100

3. Mailing Address
 1350 Orange Ave
 Suite, Apt. #, etc.
 Ste 100

05182005 Chg-NP CR2E037 (10/03)

City & State
 Winter Park FL

City & State
 Winter Park FL

Zip Country
 32789 USA

Zip Country
 32789 USA

4. FEI Number
 59-2995812

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BOYLE, JIM W
 498 PALM SPRINGS DRIVE, STE 235
 ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent
 Name
 Roger V Phillips
 Street Address (P.O. Box Number is Not Acceptable)
 Attwood-Phillips Inc.
 1350 Orange Ave Ste 100
 City
 Winter Park FL Zip Code
 32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 5/23/05

Filing Fee is \$61.25 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLUNEY, STEPHEN	
STREET ADDRESS	11625 KENLEY CIR.	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, PHIL	
STREET ADDRESS	11656 ASHRIDGE PALCE	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAYAT, GEORGE	
STREET ADDRESS	11717 SIR WINSTON WAY	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARREN, TONY	
STREET ADDRESS	11811 HARTFORDSHIRE WAY	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	S	<input type="checkbox"/> Delete
NAME	CIVICK, PRISCILLA	
STREET ADDRESS	11745 HATCHER CIR.	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORRES, MILLIE	
STREET ADDRESS	362 White Marsh Cir	
CITY-ST-ZIP	Orlando FL 32824	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: x *Stephen Cluney* 5-19-05 407-852-0058
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President,