## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N50767

(5)

## SOUTHCHASE-WEST PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business Mailing Address				<del></del>	- LEGRING, OR GRIN FORM WERE BUIL HOLY BUIL EVEN BYON BUIL BUIL BUIL BUIL BUIL BUIL BUIL BUIL			
4830 W KENNEDY BLVD STE 740 STE 740 TAMPA FL 33609 2552								
(mil.)					3. Date Incorporated or Qualified			
2. Principal P	Principal Place of Business 2s. Mailing Address 26				4. FEI Number 59-3144402	02 Applied For Not Applicable		
		Suite, Apt. #, etc.	ite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7	Additional Required	
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution			
Zip	Country Zip 25 29			Country  8. This corporation has liability for intangible tax under s. 19 Florida Statutes  Yes No		r s. 199.032,		
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent			10. Name and Address of New Re	glatered Agent		
			61	Name				
RICHLAND PROPERTIES INC 4830 W KENNEDY BLVD				Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
STE 740						· · · · · · · · · · · · · · · · · · ·		
TAMPA FL 33609				City		- 85 Z	p Code	
•						FL [°°   °	p 0000	
11. Pursuant i office or r agent. La	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 617.1508, Florida Statul of Florida. Such change was ations of, Section 617.0503, Fl	tes, the abov authorized b orida Statute	re-named corp by the corpora bs.	poration submits this statement for the p tion's board of directors. I hereby accep	purpose of changing of the appointment	g its registered as registered	
SIGNATURE .								
12.	Signature, typed or printed name of registered ago	ent and title if applicable (NOT	13.	ent signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE TERS AND DIRECT	OBS IN 12	
TITLE	PD	DELETE	1,1 TITLE		ADDITIONS/CHANGES TO OFFIC	Chang		
NAME	BRAY, JACK H.	E.J 0220.0	1.2 NAME					
STREET ADDRESS	4830 W KENNEDY BLVD #74	0		T ADDRESS				
CITY-ST-ZIP	TAMPA FL		1,4 CITY-	1				
TITLE	SD	☐ DELETE	2.1 TITLE			☐ Chang	e 🔲 Addilion	
NAME	ROSS, SAMUEL K.		2.2 NAME					
STREET ADDRESS	4830 W KENNEDY BLVD #74	0	2.3 STREE	T ADDRESS				
CITY-ST-ZIP	TAMPA FL		2. 4 CITY	-ST-ZIP				
TITLE	TO	☐ DELETE	3.1 TITLE			Chang	e 🔲 Addition	
NAME	GREEN, DAN	•	3.2 NAME	)				
STREET ADDRESS	4830 W KENNEDY BLVD #74	0	3.3 STREE	T ADDRESS				
CITY-S1-ZIP	TAMPA FL	Floriere	3 4, CITY	ST-ZIP		[ ] h	A database	
TITLE		☐ DELETE	4.1 TITLE	.		Chang	e Addition	
NAMÉ			4.2 NAM	[				
STREFT ADDRESS			4.3 STHEE	T ADDRESS				
CITY ST ZIP			9.4 0111	31-21				

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.

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-2IP

SIGNATURE:

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SHAWARD OF PRINTED NAME OF BIONING OFFICER OR DIRECTOR

DELETE

DELETE

4.15-97

**FILED** 

May 19 1997 8:00am

Secretary of State

Daytime Phone # 0047702

Change

Change

Addition

Addition