

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50767

FILED  
Feb 08, 2008  
Secretary of State

**Entity Name:** SOUTHCHASE-WEST PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

400 N. ASHLEY DRIVE  
SUITE 3010  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

400 N. ASHLEY DRIVE, SUITE 3010  
TAMPA, FL 33602

**New Mailing Address:**

400 N. ASHLEY DRIVE  
SUITE 3010  
TAMPA, FL 33602

**FEI Number:** 59-3144402

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRAY, JOHN H  
Address: 400 N. ASHLEY DRIVE, SUITE 3010  
City-St-Zip: TAMPA, FL 33602

Title: SD ( ) Delete  
Name: BRAY, MATTHEW J  
Address: 400 N. ASHLEY DRIVE, SUITE 3010  
City-St-Zip: TAMPA, FL 33602

Title: T ( ) Delete  
Name: WEST, DALE A  
Address: 400 N. ASHLEY DRIVE, SUITE 3010  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN M. LEMONS

CPA

02/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date