2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State
05-26-2006 90014 002 ****61.25

DOCUMENT # N93000000086

1. Entity Name
SOUTHCHASE PHASE 1B COMMUNITY ASSOCIATION, INC.

50019749

Principal Place of Business	Mailing Address
215 CELEBRATION PLACE SUITE 500 CELEBRATION, FL 34747 US	215 CELEBRATION PLACE SUITE 500 CELEBRATION, FL 34747 US

04282006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
1801 Cook Avenue Suite, Apt. #, etc.	1801 Cook Avenue Suite, Apt. #, etc.
City & State: Orlando Florida Zip: 32806 Country: Orange	City & State: Orlando Florida Zip: 32806 Country: Orange

4. FEI Number 59-3167856 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DON ASHER & ASSOC.
52 E. SOUTH STREET
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name: Steven D. Asher
Street Address (P.O. Box Number is Not Acceptable): 1801 Cook Avenue
City: Orlando FL Zip Code: 32806

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 _____ 5-24-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ELLIOTT, JAMES 315 KNIGHTLAND CT ORLANDO, FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CONIGLIO, PAULA 12826 SPURRIER LANE ORLANDO, FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HATFIELD, STEVEN 424 BECKY ST ORLANDO, FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, JOHN 12721 GRECO DRIVE ORLANDO, FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROEDER, WILLIAM 223 KASSIK CIR ORLANDO, FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: William D. Roeder 5-24-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #