


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90242 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000001243					
1. Corporation Name SOUTHCHASE PARCEL 5 COMMUNITY ASSOCIATION, INC.					
Principal Place of Business % SENTRY MANAGEMENT INC. 2180 WEST SR 434. STE. 5000 LONGWOOD FL 32779-5044			Mailing Address % SENTRY MANAGEMENT INC. 2180 WEST SR 434. STE. 5000 LONGWOOD FL 32779-5044		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/17/1993 4. FEI Number 59-3180917	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
\$5.00 May Be Added to Fees		9. Name and Address of Current Registered Agent HART, JAMES W JR % SENTRY MANAGEMENT INC. 2180 WEST SR 434, STE. 5000 LONGWOOD FL 32779-5044		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KING, ARNOLD		1.2 NAME		
STREET ADDRESS	12467 BEACONTREE WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSON, KARLEEN		2.2 NAME		
STREET ADDRESS	1621 TATTENHAM WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUGHES, ROBIN		3.2 NAME		
STREET ADDRESS	1805 SNARESBROOK WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837		3.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YOUNG, DEBRA		4.2 NAME Bohanan, Debra Young		
STREET ADDRESS	1801 SNARESBROOK WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLOUMBO, ANN		5.2 NAME Columbo, Ann		
STREET ADDRESS	1837 TATTENHAM WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIXON, DON		6.2 NAME Dickson, Donald		
STREET ADDRESS	12561 BEACONTREE WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32827		6.4 CITY-ST-ZIP		



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 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, with all other like empowered.

SIGNATURE: Robinson Hughes 3-2-99 851-1195
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25037-111999