2002 UNIFORM BUSINESS REPORT (UBR) FILED May 06, 2002 8:00 am Secretary of State DOCUMENT # N93000001243 1. Entity Name SOUTHCHASE PARCEL 5 COMMUNITY ASSOCIATION, INC. 05-06-2002 90033 046 ****61.25 Mailing Address Principal Place of Business SENTRY MANAGEMENT INC % SENTRY MANAGEMENT INC. 2180 WEST SR 434, STE, 5000 2180 WEST SR 434, STE, 5000 " " " or jea of . LONGWOOD FL 32779-5044 LONGWOOD FL 32779-5044 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3180917 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HART, JAMES, W JR - % SENTRY MANAGEMENT INC. 2180 WEST SR 434, STE. 5000 Zip Code City LONGWOOD FL 32779-5044 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (9/01)TD □ Change ☐ Addition ☐ Delete TITLE TITLE KING, ARNOLD NAME NAME STREET ADDRESS 12467 BEACONTREE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 Change ☐ Addition ☐ Delete TITLE TITLE AUGUSTINE, RAY NAME NAME STREET ADDRESS 12446 BEACONTREE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando FL 32837 ☐ Change Addition PD . Delete TITLE TITLE **HUGHES. ROBIN** NAME NAME BOHANAN, SEAN STREET ADDRESS 1805 SNARESBROOK WAY STREET ADDRESS 1801 Snaresbrook Way CITY-ST-7IP CITY-ST-7IP orlando fl. 32837 <u> Orlando, FL 32837</u> Addition Change ח ☐ Delete TITLE TITLE YOUNG-BOHANAN, DEBRA NAME NAME STREET ADDRESS STREET ADDRESS 1801 SNARESBROOK WAY CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 **Change** ☐ Addition ☐ Delete TITLE TITLE PD COLUMBO, STEVEN J NAME 1837 TATTENHAM WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 Change Addition TITI F SD ☐ Delete TITLE DICKSON, DONALD NAME NAME STREET ADDRESS STREET ADDRESS 12561 BEACONTREE WAY CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32827

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:

STANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

70.700

Daytime Phone #