

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 12 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000001244 (3)**

1. Corporation Name

**SOUTHCHASE PARCEL 2 COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>12112 BELLSWORTH WAY ORLANDO FL 32837 US</b>	Mailing Address <b>PO BOX 770095 ORLANDO FL 32877-0095 US</b>
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3. Date Incorporated or Qualified <b>03/17/1993</b>	3a. Date of Last Report <b>04/04/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 c/o Leland Management Inc.</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27 1633 E. Vine St. Suite 207</b>
City & State <b>23</b>	City & State <b>28 Kissimmee, FL 34744</b>
Zip <b>24</b>	Zip <b>29</b>
Country <b>25</b>	Country <b>30</b>

4. FEI Number <b>59-3180915</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>HORNE, ROGER 12112 BELLSWORTH WAY SUITE 7 ORLANDO FL 32837</b>
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10. Name and Address of New Registered Agent <b>81 Name LELAND MANAGEMENT INC. 82 Southchase Parcel 2 Comm. Assoc. Inc. 83 c/o Leland Management Inc. 1633 E. Vine St. 84 Suite 207 85 City Kissimmee, FL 34744</b>
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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 *[Signature]* DATE **4-29-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>DVT</b>	<input type="checkbox"/> DELETE
NAME <b>JACKSON, ROB</b>	
STREET ADDRESS <b>12107 BELLSWORTH WAY</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE
NAME <b>BAUS, CHRISTINA</b>	
STREET ADDRESS <b>2229 LAUREL PINE LAKE</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HORNE, ROGER</b>	
STREET ADDRESS <b>12112 BELLSWORTH WAY</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE
NAME <b>ZANT, KENNETH</b>	
STREET ADDRESS <b>2331 LAUREL PINE LANE</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE
NAME <b>BURT, STEVE</b>	
STREET ADDRESS <b>12115 BELLSWORTH WAY</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Pamela Gerace</b>	
3.3 STREET ADDRESS <b>2319 Laurel Ln</b>	
3.4 CITY-ST-ZIP <b>Orlando, FL 32837</b>	
4.1 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

CR2E037 (9/96)