

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90061 031 ****61.25

DOCUMENT # N93000001244

1. Entity Name

SOUTHCHASE PARCEL 2 COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1633 E VINE ST
 SUITE 110
 KISSIMMEE FL 34744
 US

1633 E VINE ST
 SUITE 110
 KISSIMMEE FL 34744
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
 820 Palmway St.

City & State
 Kissimmee, FL 347

Zip
 34744

Country
 USA

Suite, Apt. #, etc.
 820 Palmway St.

City & State
 Kissimmee, FL

Zip
 34744

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3180915

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LELAND MANAGEMENT INC
 1633 E VINE ST
 SUITE 110
 KISSIMMEE FL 34744

Name

WORLD OF HOMES

Street Address (P.O. Box Number is Not Acceptable)

820 PALMWAY STREET

City

KISSIMMEE

FL

Zip Code
 34744

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 RAMBOLD, CHARLES
 2220 LAUREL PINE LANE
 ORLANDO FL 32837 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P.T.D.
 ROBERTA BURLESON
 12139 BELLSWORTH WAY, ORLANDO FL
 32837 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 COOK, DANIEL
 2323 LAUREL PINE LANE
 ORLANDO FL 32837 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S.D.
 MINNIE BAUS
 2229 LAUREL PINE LANE, ORLANDO
 FL. 32837 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VPD
 SMITH, EDWARD
 2221 LAUREL PINE LANE
 ORLANDO FL 32837 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V.D.
 ELSIE MALDONADO
 2241 LAUREL PINE LANE, ORLANDO FL
 32837 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 MALDONADO, ELISE
 2241 LAUREL PINE LANE
 ORLANDO FL 32837 ☒ 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

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 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 **Signature Required**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

2/12/02

CR2E037 (9/01)