

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003294

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** SOUTHCHASE NON-SINGLE FAMILY RESIDENTIAL PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

400 N. ASHLEY DRIVE  
SUITE 3010  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

400 N. ASHLEY DRIVE  
SUITE 3010  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 59-3399169

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BRAY, MATTHEW J  
Address: 400 N. ASHLEY DRIVE, SUITE 3010  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: YEPES, CARLOS A  
Address: PO BOX 17467  
City-St-Zip: CLEARWATER, FL 33762

Title: PD ( ) Delete  
Name: WEST, DALE A  
Address: 400 N. ASHLEY DRIVE, SUITE 3010  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: DIAZ, LUIS  
Address: 7325 LAKE UNDERHILL RD  
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete  
Name: FISHMAN, MARTIN  
Address: 5025 SWETLAND CT  
City-St-Zip: RICHMOND HEIGHTS, FL 44143

Title: D ( ) Delete  
Name: MANNING, RAY JR  
Address: 8042 MONIER WAY  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN M. LEMONS

AVPS

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date