

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004738

FILED
Feb 08, 2008
Secretary of State

Entity Name: SOUTHCHASE PARCELS 8 AND 9 PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

400 N. ASHLEY DRIVE
SUITE 3010
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

400 N. ASHLEY DRIVE
SUITE 3010
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 65-0780747

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

Title: D () Delete
Name: GRADDY, JOSEPH M
Address: 3499 BLAZER PARKWAY
City-St-Zip: LEXINGTON, KY 40509

Title: D () Delete
Name: NEWBERRY, WYLAN
Address: 2830 N. ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: HUNTER, MARK
Address: PO BOX 105035
City-St-Zip: ATLANTA, GA 30348

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:

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

CPA

02/08/2008

Electronic Signature of Signing Officer or Director

Date