

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90003 037 ****70.00

DOCUMENT # N98000003286

1. Entity Name

SOUTHCHASE PARCELS 40 AND 45 MASTER ASSOCIATION, INC.

Principal Place of Business

1633 E. VINE STREET #110
 KISSIMMEE FL 34744

Mailing Address

1633 E. VINE STREET #110
 KISSIMMEE FL 34744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3601409

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

CARPENTER, SUE
 1633 E. VINE STREET #110
 KISSIMMEE FL 34744

Name **Rebecca Furlow**

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

40 Leland Mgmt

1633 E. Vine St. #110

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 **PD** ☒ Delete
 NAME **BERUBE, STEVE**
 STREET ADDRESS **11570 KENLEY CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **P/D** ☒ Change ☐ Addition
 NAME **STEPHEN CLUNEY**
 STREET ADDRESS **11625 KENLEY CIR.**
 CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE **VPD** ☒ Delete
 NAME **FINNEGAN, J R**
 STREET ADDRESS **116 WHITE MARSH CIRCLE**
 CITY-ST-ZIP **WINTER PARK FL 32824**

TITLE **V/S/D** ☒ Change ☐ Addition
 NAME **KATHLEEN GHANEM**
 STREET ADDRESS **477 BOHANNON BLVD**
 CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE **ST** ☒ Delete
 NAME **ZACHARKAN, JANICE**
 STREET ADDRESS **11424 KENLEY CIR**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **T/D** ☒ Change ☐ Addition
 NAME **JIM EMMOT**
 STREET ADDRESS **315 KNIGHT LAND**
 CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 #

CR2E037 (9/01)