# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2004 8:00 am**
**Secretary of State**
04-29-2004 90264 025 ****61.25

DOCUMENT # N98000003286

1. Entity Name
SOUTHCHASE PARCELS 40 AND 45 MASTER ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1633 E. VINE STREET #110<br>KISSIMMEE, FL 34744 | 1633 E. VINE STREET #110<br>KISSIMMEE, FL 34744 |

04282004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 390 N. Orange Ave.<br>Suite, Apt. #, etc.<br>Suite 2200<br>City & State<br>Orlando, FL<br>Zip / Country<br>32801 / Orange | P.O. Box 1549<br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip / Country<br>32802 / Orange |

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 |
|---|---|
| FURLON, REBECCA<br>C/O LELAND MANAGEMENT<br>1683 EAST VINE STREET, #110<br>KISSIMMEE, FL 34744 | Name: Paul E. DeHart, Esq.<br>Street Address (P.O. Box Number is Not Acceptable): 390 N. Orange Ave., Suite 2200<br>City: Orlando **FL** Zip Code: 32801 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Paul DeHart Paul E. DeHart, Esq. 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CLUNEY, STEPHEN<br>11625 KENLEY CIRCLE<br>ORLANDO, FL 32824 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>CUNNINGHAM, PHIL<br>11656 ASHRIDGE PLACE<br>ORLANDO, FL 32824 | ☒ Delete XX | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Heher, Bill VPD<br>419 Tess Court<br>Orlando, FL 32824 | ☐ Change ☒ Addition XX |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>KAYAT, GEORGE<br>11717 SIR WINSTON WAY<br>ORLANDO, FL 32824 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Kayat, George<br>11717 Sir Winston Way<br>Orlando, FL 32824 | ☒ Change XX ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CIVICX, PRISCILLA<br>11745 HATCHER CIR.<br>ORLANDO, FL 32824 | ☒ Delete XX | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Cunningham, Phil T<br>11656 Ashridge Place<br>Orlando, FL 32824 | ☒ Change XX ☐ 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:** Stephen Cluney Stephen Cluney, President 407-852-0058 4-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #