2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005
Secretary of State

DOCUMENT# N98000003286

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

Current Principal Place of Business:

390 N ORANGE AVE STE 2200
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

PO BOX 1549
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 59-3601409 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEHART, PAUL E ESQ.
390 N ORANGE AVE STE 2200
ORLANDO, FL 32801 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: PD ( ) Delete
Name: CLUNEY, STEPHEN
Address: 11625 KENLEY CIRCLE
City-St-Zip: ORLANDO, FL 32824

Title: VPD ( ) Delete
Name: HEHER, BILL
Address: 419 TESS CT
City-St-Zip: ORLANDO, FL 32824

Title: SD ( ) Delete
Name: KAYAT, GEORGE
Address: 11717 SIR WINSTON WAY
City-St-Zip: ORLANDO, FL 32824

Title: T ( ) Delete
Name: CUNNINGHAM, PHIL
Address: 11656 ASHRIDGE PLACE
City-St-Zip: ORLANDO, FL 32824

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 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 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: STEPHEN CLUNEY PD 03/22/2005

Electronic Signature of Signing Officer or Director — Date