

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 91753 001 ***122.50

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		4. FEI Number 59-3601409	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FURLON, REBECCA C/O LELAND MANAGEMENT 1683 EAST VINE STREET, #110 KISSIMMEE FL 34744				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE <i>Rebecca Furlon</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 CLUNEY, STEPHEN 11625 KENLEY CIRCLE ORLANDO FL 32824		TITLE NAME STREET ADDRESS CITY-ST-ZIP	NPD Phil Cunningham 11636 Ashridge Place Orlando, FL 32824	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GHANEM, KATHLEEN 477 BOHANNON BLVD. ORLANDO FL 32824		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEORGE KAYAT 11717 Sir Winston Way Orlando, FL 32824	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELLIOT, JIM 315 KNIGHT LAND ORLANDO FL 32824		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Priscilla Civick 11746 Hatcher Cir Orlando, FL 32824	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E037 (10/02)

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: 4-26-03

PD

407-846-0346
 0346