

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000005020****1. Entity Name**
SOUTHCHASE PHASE 1A PARCELS 12, 14 AND 15 HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 1416 CONCORD STREET ORLANDO FL 32803	Mailing Address P.O. BOX 531010 ORLANDO FL 328031010
---	---

2. Principal Place of Business 1416 CONCORD STREET EAST Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 531010 Suite, Apt. #, etc.
--	---

DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL	City & State ORLANDO FL	4. FEI Number 59-3578380	Applied For <input type="checkbox"/> Not Applicable
Zip 32803	Country US	Zip 328031010	Country US

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**THE MELROSE CORPORATION
1416 CONCORD STREET EAST

ORLANDO FL 32803 USName
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code**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 JACK B. HANSON****04/30/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$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 D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME MAKRANSKY JAMES		NAME MAKRANSKY JAMES					
STREET ADDRESS 385 DOUGLAS AVENUE, STE. 2000		STREET ADDRESS 385 DOUGLAS AVENUE, STE. 2000					
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714					
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME STAPLETON KIRSTIN		NAME STAPLETON KIRSTIN					
STREET ADDRESS 385 DOUGLAS AVENUE, STE. 2000		STREET ADDRESS 385 DOUGLAS AVENUE, STE. 2000					
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714					
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME KAISER DAN		NAME KAISER DAN					
STREET ADDRESS 385 DOUGLAS AVENUE, STE. 2000		STREET ADDRESS 385 DOUGLAS AVENUE, STE. 2000					
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714					
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 		NAME 					
STREET ADDRESS 		STREET ADDRESS 					
CITY-ST-ZIP 		CITY-ST-ZIP 					
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 		NAME 					
STREET ADDRESS 		STREET ADDRESS 					
CITY-ST-ZIP 		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)(f), 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: Kirstin Stapleton D 04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)