## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000005020

FILED Apr 06, 2007 Secretary of State

Entity Name: SOUTHCHASE PHASE 1A PARCELS 12, 14 AND 15 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

PMB 345 4250 ALAFAYA TRAIL SUITE 212 OVIEDO, FL 32765 US

Current Mailing Address: New Mailing Address:

PMB 345 4250 ALAFAYA TRAIL SUITE 212 OVIEDO, FL 32765 US

FEI Number: 59-3578380 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RELIABLE PROPERTY MANAGERS INC
C/O LILLY BURNSIDE
PMB 345, 4250 ALAFAYA TRAIL, STE. 212
OVIEDO, FL 32765 US

RELIABLE PROPERTY MANAGERS INC
4250 ALAFAYA TRAIL
SUITE 212-345
OVIEDO, FL 32765 US

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: CURTIS BURNSIDE 04/06/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SILVA, DAVID
 Name:

 Address:
 1227 KEMPTON CHASE PKWY
 Address:

 City-St-Zip:
 ORLANDO, FL 32837 US
 City-St-Zip:

Title: ST ( ) Delete Title: VP (X) Change ( ) Addition

Name: PEREZ, ORLANDO Name: PEREZ, ORLANDO

Address: 1224 KEMPTON CHASE PKWY
City-St-Zip: ORLANDO, FL 32837 US
Address: 1224 KEMPTON CHASE PKWY
City-St-Zip: ORLANDO, FL 32837 US
City-St-Zip: ORLANDO, FL 32837 US

Title: VP ( ) Delete Title: ST (X) Change ( ) Addition

 Name:
 BUTTS, DENNY
 Name:
 MCELHENEY, JAMES

 Address:
 1237 EPSON OAKS WY
 Address:
 1320 EPSON OAKS WY

 City-St-Zip:
 ORLANDO, FL 32837 US
 City-St-Zip:
 ORLANDO, FL 32837 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DAVID SILVA P 04/06/2007