

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90069 024 ****61.25

DOCUMENT # N35507

1. Corporation Name

CHICKASAW TRAILS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

52 E. SOUTH ST.
ORLANDO FL 32801
US

Mailing Address

52 E. SOUTH ST.
ORLANDO FL 32801
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/29/1989

4. FEI Number

59-2994534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DON ASHER & ASSOCIATES, INC.
52 E. SOUTH ST.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME FUSSELL, DEBBIE
STREET ADDRESS 4153 EAGLE FEATHER DRIVE
CITY-ST-ZIP ORLANDO FL 32829

TITLE VD ☒ DELETE

NAME TILLELLI, MICHAEL
STREET ADDRESS 8843 RESERVATION DRIVE
CITY-ST-ZIP ORLANDO FL 32829

TITLE SD ☒ DELETE

NAME FEINAUER, GARY
STREET ADDRESS 8849 RESERVATION DR
CITY-ST-ZIP ORLANDO FL 32829

TITLE TD ☐ DELETE

NAME GUINN, JOHN
STREET ADDRESS 3866 RUNNING WATER CT
CITY-ST-ZIP ORLANDO FL 32829

TITLE D ☒ DELETE

NAME TOM, DANIEL
STREET ADDRESS 8621 RUNNING BEAR CT.
CITY-ST-ZIP ORLANDO FL 32829

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

vd
Cohen, David
3773 Peace Pipe Driv
Orlando, FL 32829

SD
Beck, Augustine, "Tony"
3715 Peace Pipe
Orlando, FL 32829

D
Barton, Jeffry
4147 Eagle Feather
Orlando, FL 32829

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-99

Date

407-485-4561

Daytime Phone #

CR2E037 (11/98)