

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90142 030 ****61.25

DOCUMENT # N35507

1. Entity Name
CHICKASAW TRAILS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**PRESIDENTIAL GROUP SOUTH
135 W. PINEVIEW ST
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address
**PRESIDENTIAL GROUP SOUTH
135 W. PINEVIEW ST
ALTAMONTE SPRINGS, FL 32714 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2994534

Applied For
☐ Not Applicable

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

**PRESIDENTIAL GROUP SOUTH, INC.
135 W. PINEVIEW ST.
ALTAMONTE SPRINGS, FL 32714**

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 ☐ Delete
NAME **PD**
STREET ADDRESS **GUINN, JOHN**
CITY-ST-ZIP **3866 RUNNING WATER DR
ORLANDO, FL 32829**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TDS**
STREET ADDRESS **BECK, AUGUSTINE T**
CITY-ST-ZIP **3715 PEACE PIPE DR.
ORLANDO, FL 32829**

TITLE ☒ Change ☐ Addition
NAME **TD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **BARTON, JEFFRY**
CITY-ST-ZIP **4147 EAGLE FEATHER DR
ORLANDO, FL 32829**

TITLE ☐ Change ☒ Addition
NAME **D-JACK DUGAN**
STREET ADDRESS **3465 Fox Hollow Dr**
CITY-ST-ZIP **ORLANDO, FL 32829**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **TOM, DANIEL**
CITY-ST-ZIP **8621 RUNNING BEAR DR.
ORLANDO, FL 32829**

TITLE ☒ Change ☐ Addition
NAME **SD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VPD Richard Velez**
STREET ADDRESS **3490 Fox Hollow Dr.**
CITY-ST-ZIP **Orlando, FL 32829**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05 (407) 282-1420

Date

Daytime Phone #