2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# N35507

Entity Name: CHICKASAW TRAILS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PRESIDENTAL GROUP SOUTH
135 W. PINEVIEN ST
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

225 S. WESTMONTE DRIVE
#3310
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

PRESIDENTAL GROUP SOUTH
135 W. PINEVIEN ST
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 59-2994534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WOMACK, ELLEN R
225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 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: ELLEN R. WOMACK 03/27/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GUINN, JOHN
Address: 3866 RUNNING WATER DR
City-St-Zip: ORLANDO, FL 32829

Title: D ( ) Delete
Name: BECK, AUGUSTINE T
Address: 3715 PEACE PIPE DR.
City-St-Zip: ORLANDO, FL 32829 US

Title: SD ( ) Delete
Name: ADAMS, MARK
Address: 8695 BLACK MESA DR
City-St-Zip: ORLANDO, FL 32829

Title: D ( ) Delete
Name: RIVERA, ARCUDIO
Address: 3727 RUNNING WATER DR
City-St-Zip: ORLANDO, FL 32829

Title: VPD ( ) Delete
Name: VELEZ, RICHARD
Address: 3490 FOX HOLLOW DR
City-St-Zip: ORLANDO, FL 32829

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: BECK, AUGUSTINE T
Address: 3715 PEACE PIPE DR.
City-St-Zip: ORLANDO, FL 32829 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ELLEN R. WOMACK A 03/27/2007
Electronic Signature of Signing Officer or Director Date