

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90380 015 *****61.25

DOCUMENT # N35507

1. Entity 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

PRESIDENTIAL GROUP SOUTH

Suite, Apt. #, etc.

135 W. PINEVIEW ST

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

USA

3. Mailing Address

PRESIDENTIAL GROUP SOUTH

Suite, Apt. #, etc.

135 W. PINEVIEW ST

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

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

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

TITLE **SD** ☒ Delete
NAME **MONTEFORT, JOAN**
STREET ADDRESS **4112 EAGLE FEATHER DR**
CITY-ST-ZIP **ORLANDO FL 32829**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

John J. Lin 3/13/03

CR2E037 (10/02)