

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35507

**Entity Name:** CHICKASAW TRAILS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

411 N DONNELLY STREET  
STE #308  
MOUNT DORA, FL 32757

**Current Mailing Address:**

PO BOX 1303  
MOUNT DORA, FL 32756 US

**FEI Number:** 59-2994534

**Certificate of Status Desired:** No

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

ALPHA ASSOCIATION MANAGEMENT LLC  
411 N DONNELLY ST  
#308  
MOUNT DORA, FL 32757 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:** SHAWN THORNTON

02/04/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ADAMS, MARK  
Address        PO BOX 1303  
City-State-Zip: MOUNT DORA FL 32756

Title            VP  
Name            AUBIN, STEVE  
Address        PO BOX 1303  
City-State-Zip: MOUNT DORA FL 32756

Title            SECRETARY  
Name            BANKS, HAROLD  
Address        PO BOX 1303  
City-State-Zip: MOUNT DORA FL 32756

Title            TREASURER  
Name            PARKER, FAYE  
Address        PO BOX 1303  
City-State-Zip: MOUNT DORA FL 32756

Title            DIRECTOR  
Name            KUBERIET, WAYNE  
Address        PO BOX 1303  
City-State-Zip: MOUNT DORA FL 32756

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARK ADAMS

**PRESIDENT**

02/04/2015

Electronic Signature of Signing Officer/Director Detail

Date