

2023 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 #300
MOUNT DORA, FL 32757**Current Mailing Address:**PO BOX 1303
MOUNT DORA, FL 32756 US**FEI Number:** 59-2994534**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ALPHA ASSOCIATION MANAGEMENT LLC
411 N DONNELLY ST
#300
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**03/27/2023**

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

Title	DIRECTOR, TREASURER
Name	AUGUSTINE, RONALD
Address	PO BOX 1303
City-State-Zip:	MOUNT DORA FL 32756

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

Title	DIRECTOR, VICE PRESIDENT
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****03/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date