2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State

DOCUMENT # N01000004578					04-16-2004 90081 018 ****70.00		
1. Entity Name CHICKASAW TRAIL ESTATES HOMEOWNERS' ASSOCIATION, INC.							
Principal Place of Business 1988 S. CHICKASAW TRAIL ORLANDO, FL 32825		Mailing Address 1988 S. CHICKASAW TRAIL ORLANDO, FL 32825				34 03 3(
2. Principal Place of Business 1002 Rio Cove Ct. Suite, Apt. #, etc.		3. Mailing Address 1602 Rio Cove Ct.			INI SIL MATRI MATI AKITI ABITI		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		040820	04 Chg-NP	CR2E037 (10/0	03)
City & Stat		City & State Oflando.	FL	4. FEI N 59-	Imber 3754385		Applied For Not Applicable
Zip Country 32825 USA		Zip Country 32825 USA			cate of Status Desired	\$8.75	Additional
	6. Name and Address of Current			- 7 Name	and Address of New		
KIRTON, E	RPINGER	٠	Name	Carlos	A. Ri	vero	
1988 S. C	HICKASAW TRAIL		Street Address		(P.O. Box Number is Not Acceptable)		
ORLANDO	D, FL 32825		16	02 Ri	. (Gt.	
		•	City	VOC KI	o Cove		Code
O The share				rlando	. b. de la la Constant	FL 3	Code 2825
	e named entity submits this statement for tions of registered agent.	r the pulpose of trianging its re	egistered office o	r registered agent, o	r Dom, in the State of	еюнов, танганыы v	with, and accept
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SIGNATURE	Signature, typed or printed name of registered agent is	and tale of persionals (NOTE)	arus 1			1-0-00	<i>I</i>
	management of the second of th	nuture ii oppiicable. 🥆 (i-O i E: i	Hedisteled videur sigus	ture required when reinstation	u)	DATE	
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10.	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	paign Financing Intribution.	S5.00 M Added to F	ay Be ees Fi	orida Department o	of State
10. Ունյա	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 M Added to F ADDITIONS VICE- PRES	ay Be ees FI		S IN 10
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indicated on this report or supplemental report is true and accurate and mix my signature shall have the same legal effect as it made under oath; that I am an officer or officer or 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 a lother like empowered.

SIGNATURE: