

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000004578

1. Entity Name
CHICKASAW TRAIL ESTATES HOMEOWNERS'
ASSOCIATION, INC.



Principal Place of Business
1602 RIO COVE CT.
ORLANDO, FL 32825

Mailing Address
1602 RIO COVE CT.
ORLANDO, FL 32825



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3754385

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERO, CARLOS A
1602 RIO COVE CT.
ORLANDO, FL 32825

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
MARIN, KARLEA
1603 ENSENADA DR.
ORLANDO, FL 32825

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
RIVERO, CARLOS A
1602 RIO COVE COURT
ORLANDO, FL 32825

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
MARTIN, ALDO
1751 CHICKASAW TRAIL
ORLANDO, FL 32825

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS A. RIVERO, PRES.

Date

Daytime Phone #

1/6/05 407-947-4962