FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 16 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05457 (9)

1. Corporation Name

CHICKASAW OAKS PHASE THREE HOMEOWNERS ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
P.O. BOX 160396 ALTAMONTE SPRINGS FL 32716-7396	P.O. BOX 160396 ALTAMONTE SPRINGS FL 32716-7396

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2588789 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 445 Douglas Avenue	26
Suite, Apt. #, etc. 22 2205-C	Suite, Apt. #, etc. 27
City & State 23 Altamonte Springs, FL	City & State 28
Zip 24 32714 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

WOMACK, ELLEN R.
445 DOUGLAS AVE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: Ellen R. Womack
82 Street Address (P.O. Box Number is Not Acceptable): 445 Douglas Avenue
83 Suite 2205-C
84 City: Altamonte Springs FL 85 Zip Code: 32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HUBER, JANET	1.2 NAME	
STREET ADDRESS	4701 HOPESPRING DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	HAMMONDS, STEPHEN W	2.2 NAME	
STREET ADDRESS	4852 HOPESPRINGD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	GAGNE, ANDRE	3.2 NAME	
STREET ADDRESS	4711 LUMBERTON DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	KEEFER, DON	4.2 NAME	
STREET ADDRESS	8760 GRANDEE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, FRED	5.2 NAME	
STREET ADDRESS	4906 HOPESPRING DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen W. Hammonds STEPHEN W HAMMONDS 5/11/95 407/682-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031044