FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE: __

1996

N05457

(9)

CHICKASAW OAKS PHASE THREE HOMEOWNERS ASSOCIATIO

N, INC.					
Principal Place	of Business	Mailing Address		a taditidi dir datar ditti aradi Arisi 1	*** **** **** **** **** **** **** **** ****
445 DOUGLAS STE 2205-C		P.O. BOX 160386 ALTAMONTE SPRINGS F	FL 32716-7386		
ALTAMONTE SPRINGS FL 32714 US				3. Date Incorporated or Qualified 10/03/1984	3a. Date of Last Report 05/16/1995
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 26				59-2588789	Not Applicable
27 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	1	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24	25	29	30		Yes No
	9, Name and Address of Curren	<u> </u>	1441	10. Name and Address of New Re	<u> </u>
			81 Name		
WOMAC	K, ELLEN R.		82 Street Addr	ess (P.O. Box Number is Not Acceptable	,
445 DOUGLAS AVE			oz Street Addr	$c_{55}\eta$. O. Box indiffuer is not Acceptable	,
	STE 2205-C				
	INTE SPRINGS FL 32714		00.00		12-1 7-0-4-
			84 City		FL 85 Zip Code
or registere familiar wit SIGNATURE _	ed agent, or both, in the State of Floric in, and accept the obligations of, Section Signature, typed or printed name of registered agent.	la. Such change was authorize on 617.0503, Florida Statutes.	d by the corporation's boar E. Registered Agent signature required.	ation submits this statement for the purp d of directors. I hereby accept the appoi	ntment as registered agent. I am
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	CHANGE Addition
TITLE	D	DELETE	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	DELETE	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	DELETE	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	DELETE	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	DEFELE	5 1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, FRED		5 2 NAME		
STREET ADDRESS	4906 HOPESPRING DR		5.3 STREET ADDRESS		İ
CITY-ST-ZIP	ORLANDO FL		5 4 CITY-ST-ZIP		Change
TITLE		DELETE	61 THLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	- 4/5 Ab - b M 1-5	day as to general to the second	6 4 CITY-ST-ZIP	the second secon	TIONGA Florido Dast do a Lituation
certify that oath; that	t the information indicated on this annu	ual report or supplemental annu ration or the receiver or trustee	al report is true and accura empowered to execute this	or the exemption stated in Section 119.0 te and that my signature shall have the s s report as required by Chapter 617, Flor	ame legal effect as if made under