FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N05457

(9)

CHICKASAW OAKS PHASE THREE HOMEOWNERS ASSOCIATION. INC.

| Principal Piac | e of Business | Mailing Address | | | OL DEBIL BIDŽE DIDŽE DIDA DIDA DIDIL DIDŽE ŽEDŠ |
|---|---|----------------------------------|-------------------------------|--|---|
| ARE DOUGLAS | AVE | P.O. BOX 160386 | | | |
| 445 DOUGLAS AVE STE 2205-C ALTAMONTE SPRINGS FL 32714 US | | ALTAMONTE SPRINGS FL 32716-0386 | | | |
| | | | | 9 Pate In contrate to Contiffe t | 1 00 Day 11 - 1 Day 1 |
| | | | | 3. Date Incorporated or Qualified 10/03/1984 | 3a. Date of Last Report 04/16/1996 |
| | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| | U. Westmonte Vr. | 26 | | 59-2588789 | Not Applicable |
| Suite, Apt. | #, etc. 105 | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | Section \$8.75 Additional Fee Required |
| City & Stat | <u> </u> | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Altamonte Springs 28 | | ├ - ′ | | 1 rust Fund Contribution | Added to Fees |
| Zp | Country | Zip | Country | 8. This corporation has liability for in | |
| 24 30 | 27/425 USA | 29 30 | 0 | | Yes No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Reg | istered Agent |
| • | | | 81 Name | Damack Ellan | `P |
| WOMACK, ELLEN R. | | | 82 Street Ad | doress (P.Q., Box Nulliber is Not Accepted) | <u> </u> |
| 445 DOUGLAS AVE | | | 1 238 | N. Westmonte 17 | r. #105 |
| 8TE 2205-C | | | | 7 | |
| | ONTE SPRINGS FL 32714 | | 84 City 1 | | [a=] 7'- O. d. |
| | 1 | | 84 City | Inmorte Sons | FL 85 350914 |
| 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered | | | | | |
| 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, 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 you accept the obligations of Section 617,0503, Florida Statutes. | | | | | |
| | | | | | 4/2/07 |
| SIGNATURE . | Signature typed or printed name of registered agent | and title if applicable (NOTE: R | Registered Agent signature re | quired when reinstating) | DATE |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTORS IN 12 |
| 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 | L.) DELETÉ | 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 | 1 | 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 STHEET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | DS | ☐ DELETE | 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 | <u>,,</u> | —————————————————————————————————————— |
| TITLE | 4. | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | - 1: O4: | |

I 64 CITY-ST-ZIP

I do hereby certify that the information supplied with this filing 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.

407/082