FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N05457

(9)

CHICKASAW OAKS PHASE THREE HOMEOWNERS ASSOCIATIO

FILED Apr 23 1998 8:00am Secretary of State

N, INC	; .				
Principal Place of Business 239 N. WESTMONTE DR. \$FE. 103" ALTAMONTE SPRINGS FL 32714 Principal Place of Business Mailing Address P.O. BOX 160386 ALTAMONTE SPRINGS FL 32714			*** ****	T TO BEHAVERY DE PROTORY BATHA DIRECT STATE FROM FOR THE BANK DIRECT BANK THE BANK T	
			2716-7 38 6	3. Date Incorporated or Qualified 10/03/1984	
LUS	PRINGS FL 32714			4. FEI Number	Applied For
				59-2588789	Not Applicable
2. Principal Place of Business		2a. Mailing Address	· -	5. Certificate of Status Desired	\$8.75 Additional
21		26			Fee Required
Suite Apt.	ite 260	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Star	10	City & State		7. Is this nonprofit corporation a forneous	
23		28		Yes	
Zip 24	Country	Zip	Country 30	8. This corporation owes or has paid the	current year Intangible
24	9. Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Registe	
			81 Name		
WOMACK, ELLEN R. 82 Str				dress (P.O. Box Number is Not Acceptable)	
238 N. WESTMONTE DR.			Sireer Au	uress (F.O. Box Number is Not Acceptable)	
#105			83	rite 260	
ALTAMO	ONTE SPRINGS FL 32714		84 City	neado	85 Zip Code
		00 1017 4500 51 11 0			-L '
office or	to the provisions of Sections 617.05 registered agent, or both, in the Stat	502 and 617.1508, Florida Statutes te of Florida. Such change was au	s, the above-named co uthorized by the corpor	rporation submits this statement for the purpor ation's board of directors. I hereby accept the	se of changing its registered appointment as registered
	am familiar with, and accept the obli	gations of, Section 617.0503, Flor	rida Statutes.	,	.,
SIGNATURE	Signature typed or printed name of registered a	pent and tille if applicable (NOTE:	Registered Agent signature req	juited when reinstating) DA	TE .
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITLE 7	DP	☐ Change Addition
NAME	HUBER, JANET		1.2 NAME	seorge Garrido	
STREET ADDRESS	4701 HOPESPRING DR		1.3 STREET ADDRESS	1843 Hopespring Dr.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL	
TITLE	100-	VELETE .	21 TITLE	PVP (T	Change Addition
NAME	HAMMONDS; STEPHEN W	,	22 NAME	Bernard Dove	
STREET ADDRESS	4852 HOPESPRINGD DR		23 STREET ADDRESS	1709 Hopespring A	1
CITY-ST-ZIP TITLE	ORLANDO FL	XXELETE	2 4 CITY - ST - ZIP	riando, 1-L	Change Addition
NAME	GAGNE: ANDRE	/X	3.2 NAME	Elisea Velez +	C creatige Admitton
STREET ADDRESS	"4711-LUMBERTON DRIVE		3.3 STREET ADDRESS	1812 Hopespring D	>
CITY-ST-ZIP	ORLANDO FL.		3.4. CITY-ST-ZIP	relation for	
TIFLE	VIP_	DELETE	4.1 TIFLE	Driuviao, re	Change Addition
NAME	KEEFER, DON		4. 2 NAME Y	Marvin Graer	_ ,
STREET ADDRESS	8760 GRANDEE DR.		4.3 STREET ADDRESS	3767 Grandee Dr.	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, FL	
TITLE	~ DS	V ELETE	5.1 TITLE	D	☐ Change Addition
NAME	ROBINSON, PRED	, . •	5.2 NAME	Danna Kitch	
STREET ADDRESS	4906 HOPESPRING DR		5.3 STREET ADDRESS	8752 Grandee Dr.	
CITY - ST - ZIP	ORLANDO FL		5.4 CITY - ST- ZIP	Adaman El	
TITLE		☐ DELETE	6.1 TITLE	Ullaria, FC	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby 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.

SIGNATURE

CITY-ST-ZIP