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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05457

1. Corporation Name
CHICKASAW OAKS PHASE THREE HOMEOWNERS ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
238 N. WESTMONTE DR. 260 ALTAMONTE SPRINGS FL 32714 US	P.O. BOX 160366 ALTAMONTE SPRINGS FL 32716-7366

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 161606	3. Date Incorporated or Qualified 10/03/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2588789 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Altamonte Springs, FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 32716-1606 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WOMACK, ELLEN R.
238 N. WESTMONTE DR.
STE 260
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, and accept the obligations of, Section 617.0503, 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	☒ DELETE	1.1 TITLE	DT	☐ Change ☒ Addition
NAME	HUBER, JANET		1.2 NAME	Fred Robinson	
STREET ADDRESS	4701 HOPESPRING DR		1.3 STREET ADDRESS	4906 Hopespring Drive	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL	
TITLE	DVP	☐ DELETE	2.1 TITLE	DS	☐ Change ☒ Addition
NAME	DOVE, BERNARD		2.2 NAME	Andre Gagne	
STREET ADDRESS	4709 HOPESPRING DR		2.3 STREET ADDRESS	4711 Lumberton Drive	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL	
TITLE	TD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BELEZ, ELISEA		3.2 NAME	Mark Dunham	
STREET ADDRESS	4812 HOPESPRING DR		3.3 STREET ADDRESS	4828 Hopepsring Drive	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Orlando, FL	
TITLE	P	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	GIGER, MARVIN		4.2 NAME	Ron Britzius	
STREET ADDRESS	8767 GRANDEE DR		4.3 STREET ADDRESS	4929 Hopespring Drive	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, FL	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	KITCH, DONNA		5.2 NAME	William Gonzalez	
STREET ADDRESS	8752 GRANDEE DR		5.3 STREET ADDRESS	4966 Reginald Road	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	Orlando, FL	
TITLE	DP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GARRIDO, GEORGE		6.2 NAME		
STREET ADDRESS	4843 HOPESPRING DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Ellen R. Womack FILED 1/21/99 407/682-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ellen R. Womack, Agent

President 5/8/99 407-658-0068