

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90115 040 ****61.25

DOCUMENT # N05457

1. Entity Name

CHICKASAW OAKS PHASE THREE HOMEOWNERS ASSOCIATIO

Principal Place of Business

Mailing Address

238 N. WESTMONTE DR.
 260
 ALTAMONTE SPRINGS FL 32714
 US

P.O. BOX 16106
 ALTAMONTE SPRINGS FL 32716



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

225 S. Westmonte Dr.

P.O. Box 161606

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2050

City & State
 Altamonte Springs, FL

City & State
 Altamonte Springs, FL

4. FEI Number
 59-2588789

Applied For
 Not Applicable

Zip
 32714

Country
 USA

Zip
 32716-1606

Country
 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Ellen R. Womack
 Street Address (P.O. Box Number is Not Acceptable)
 225 S. Westmonte Drive
 Suite 2050
 City
 Altamonte Springs, FL Zip Code
 32714

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Ellen R. Womack

4/6/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROBINSON, FRED 4906 HOPE SPRING DR. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DOVE, BERNARD 4709 HOPE SPRING DR ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GAGNE, ANDRE 4711 LUMBERTON DR. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNHAM, MARK 4828 HOPE SPRING DR. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITZIUS, RON 4929 HOPE SPRING DR. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARRIDO, GEORGE 4843 HOPE SPRING DR ORLANDO FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Gonzalez 4766 Reginald Orlando, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Schwartz 4835 Hopespring Drive Orlando, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George Garrido
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00 407-823-9558
 Date Daytime Phone #

CR2E037 (9/99)