2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am § Secretary of State DOCUMENT # N05457 1. Entity Name 05-16-2001 90242 038 ****61.25 CHICKASAW OAKS PHASE THREE HOMEOWNERS ASSOCIATIO Principal Place of Business Mailing Address 225 S. WESTMONTE DR. P.O. BOX 161606 657214 STE 2050 ALTAMONTE SPRINGS FL 32716-1606 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2588789 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) WOMACK, ELLEN R. 225 S WESTMONTE DR STE 2050 City Zip Code **ALTAMONTE SPRINGS FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE TITLE Change ROBINSON, FRED NAME NAME Robert Schwartz 4906 HOPESPRING DR. STREET ADDRESS STREET ADDRESS 4835 Hopespring Drive CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Orlando, FL 32829 TITLE ☐ Delete TITLE Change Addition GONZALEZ, WILLIAM NAME NAME STREET ADDRESS 4766 REGINALD STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITI F Delete TITLE ☐ Change 🗙 🔀 Addition GAGNE, ANDRE Jackie Legault NAME NAME 4711 LUMBERTON DR. STREET ADDRESS STREET ADDRESS 4709 Hopespring Drive CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Orlando, FL 32829 Delete Title F TITLE Addition DUNHAM, MARK Phyllis Humes NAME NAME STREET ADDRESS 4828 HOPESPRING DR. STREET ADDRESS 4851 Hopespring Drive CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32829 ORLANDO FL TITI F Delete TITI F ☐ Change X Addition BRITZIUS, RON NAME NAME Nicholas Gamb STREET ADDRESS 4929 HOPESPRING DR. STREET ADDRESS 8723 Suburban Drive CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP <u>Orlando, FL 32829</u> TITLE ☐ Delete TITLE ☐ Change ☐ Addition GARRIDO, GEORGE NAME STREET ADDRESS 4843 HOPESPRING DR STREET ADDRESS ORLANDO FL CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment-

with an address, with all oth

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 trudge empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED