

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90131 039 *****61.25

DOCUMENT # N05457

1. Entity Name

CHICKASAW OAKS PHASE THREE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

225 S. WESTMONTE DR.
STE 2050
ALTAMONTE SPRINGS FL 32714
US

P.O. BOX 161606
ALTAMONTE SPRINGS FL 32716-1606
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2588789

Applied For

Not Applicable

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.
225 S WESTMONTE DR
STE 2050
ALTAMONTE SPRINGS FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 **DVP** ☐ Delete
NAME **SCHWARTZ, ROBERT**
STREET ADDRESS **4825 HOPESRING DR.**
CITY-ST-ZIP **ORLANDO FL 32829**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **GONZALEZ, WILLIAM**
STREET ADDRESS **4766 REGINALD**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **LEGAULT, JACKIE**
STREET ADDRESS **4709 HOPESRING DR.**
CITY-ST-ZIP **ORLANDO FL 32829**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HUMES, PHYLLIS**
STREET ADDRESS **4851 HOPESPRINGS DR.**
CITY-ST-ZIP **ORLANDO FL 32829**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **GAMB, NICHOLAS**
STREET ADDRESS **8723 SUBURBAN DR.**
CITY-ST-ZIP **ORLANDO FL 32829**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **GARRIDO, GEORGE**
STREET ADDRESS **4843 HOPESRING DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407/682-3443

CR2E037 (9/01)