2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2002 8:00 am & Secretary of State **DOCUMENT # N05457** 1. Entity Name CHICKASAW OAKS PHASE THREE HOMEOWNERS ASSOCIATIO 04-22-2002 90131 039 ****61.25 N. INC. Principal Place of Business Mailing Address 225 S. WESTMONTE DR. P.O. BOX 161606 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 Applied For 4. FEI Number 59-2588789 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 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 FL 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE DVP (9/01) ☐ Delete TITLE ☐ Change ☐ Addition SCHWARTZ, ROBERT NAME NAME STREET ADDRESS 4825 HOPESRING DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32829 TITLE TD ☐ Delete TITI F ☐ Change ☐ Addition NAME GONZALEZ, WILLIAM NAME STREET ADDRESS STREET ADDRESS 4766 REGINALD CITY-ST-ZIP CITY-ST-ZIP orlando fl TITLE DS ■ Addition TITLE ☐ Change ☐ Delete NAME LEGAULT, JACKIE NAME STREET ADDRESS 4709 HOPESPRING DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32829 TITLE ☐ Delete ☐ Change □ Addition HUMES, PHYLLIS NAME NAME STREET ADDRESS STREET ADDRESS 4851 HOPESPRINGS DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32829 Delete TITLE ☐ Change ☐ Addition NAME GAMB, NICHOLAS NAME STREET ADDRESS STREET ADDRESS 8723 SUBURBAN DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32829 TITLE DP ☐ Delete TITLE ☐ 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 impowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

GARRIDO, GEORGE

ORLANDO FL

4843 HOPESPRING DR

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date