2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State
04-15-2004 90012 006 ****61.25

DOCUMENT # N05457

1. Entity Name
CHICKASAW OAKS PHASE THREE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PRESIDENTIAL GROUP SOUTH 135 W. PINVIEW ST. ALTAMONTE SPRINGS, FL 32714 US	PRESIDENTIAL GROUP SOUTH 135 W. PINVIEW ST. ALTAMONTE SPRINGS, FL 32714 US

02022004 Chg-NP CR2E037 (10/03)

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
GUADAGINO, ANTHONY F PRESIDENTIAL GROUP SOUTH 135 W. PINVIEW ST. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SCHWARTZ, ROBERT 4825 HOPESPRING DR. ORLANDO, FL 32829	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GONZALEZ, WILLIAM 4766 REGINALD ORLANDO, FL 32829	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Marvin Giger 8767 Grandee Dr Orlando FL 32829 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LEGAULT, JACKIE 4709 HOPESPRING DR. ORLANDO, FL 32829	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T-S-DVP Bill Fulton 8768 Grandee Dr. Orlando FL 32829 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GARRIDO, GEORGE 4843 HOPESPRING DR ORLANDO, FL 32829	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Marvin Giger MARVIN GIGER Pres 4/8/04 4076823355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #