2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N05457

1. Entity Name

CHICKASAW OAKS PHASE THREE HOMEOWNERS ASSOCIATION, INC.



FILED Apr 15, 2004 8:00 am Secretary of State

04-15-2004 90012 006 ****61.25

			1							
PRESIDENTIAL GROUP SOUTH 135 W. PINVIEW ST.		Mailing Address PRESIDENTIAL GROUP SOUTH 135 W. PINVIEW ST. ALTAMONTE SPRINGS, FL 32714 US		1						
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022004 Chg	-NP	CR2E03	7 (10/03)		
City & State		City & State			4. FEI Number 59-2588789			<u> </u>	plied For t Applicable	
Zip Country		Zíp	Zip Country		5. Certificate of Statu	s Desired		8.75 Add ee Require		
	6. Name and Address of Current	Registered Agent	red Agent			7. Name and Address of New Registered Agent				
					ا المنظمة الأخراء المنظمة الم					
	O, ANTHONY F TIAL GROUP SOUTH		Street A	Street Address (P.O. Box Number is Not)			
	E SPRINGS, FL 32714									
			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										
Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign I Trust Fund Contribu					\$5.00 May Be Added to Fees		ake check ida Depart			
10.	OFFICERS AND DI	RECTORS	11.	-	ADDITIONS/CHANGES	TO OFFICE	RS AND DIR	ECTORS IN	10	
TITLE (DVe /	Delete	TITLE					Change	☐ Addition	
NAME S	SCHWARTZ, ROBERT	- 1	NAME							
STREET ADDRESS 4	4825 HORESRING DR.		STREET ADDRESS							
CITY-ST-ZIP (ORLANDO, FL 32829		CITY-ST-ZIP							
TITLE	TD 🗸 /	Delete	TITLE	ρ			-	Change	₩ Addition	
NAME (GONZALEZ/WILLIAM		NAME		in Giger			_ •	77,	
STREET ADDRESS 4	4766 REĠWALD		STREET ADDRESS	8767	in Giger Grandee Dr					
CITY-ST-ZIP	ORLANDO, FL 32829		CITY-ST-ZIP	acla	ndo FL 32	829			Į.	
TITLE	DS \ ,	Delete	TITLE	7.5.	- DUP			Change	Addition	
NAME I	LEGAULT, JACKIE	/ / ····	NAME	Bill	Fulton.				7	
STREET ADDRESS 4	4709 HOPÈÉPRING DR.	•	STREET ADDRESS	8768	Grandee Dr.	•				
. CITY-ST-ZIP	ORLANDO/PL 32829	وجادي يسيسب المراجات	CITY_ST_ZIP	Orlas	do == FL == 328	329-		~=		
TITLE	DP /	Delete	TITLE			,		☐ Change	Addition	
NAME (GARRIDÒ, GEÓRGE	, ,	NAME	l						
STREET ADDRESS 4	4843 HOPESPRING DR ORLANDO, FL 32829		STREET ADDRESS	l						
CITY-ST-ZIP (ORLANDO, ÆL 32829		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	■ Addition	
NAME .			NAME	ĺ						
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP					·		
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAME							
STREET ADDRESS			STREET ADDRESS	1						
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>						

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: Masser Sign. MARVIN GIGER
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR