2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05457

FILED Apr 29, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: ORLANDO EQUITY 860 N. ORANGE AVE SUITE B ORLANDO, FL 32801 **New Mailing Address: Current Mailing Address:** ORLANDO EQUITY 860 N. ORANGE AVE. SUITE B ORLANDO, FL 32801 FEI Number: 59-2588789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRIDGETTE ROSS PA ORLANDO EQUITY 860 N. ORANGE AVE. STE B ORLANDO, FL 32801 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FULTON, WILLIAM Name: Name: 860 N. ORANGE AVE. STE B Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: Title: V/D () Delete Title: V/D (X) Change () Addition CARTWRIGHT, RODNEY Name: CARTWRIGHT, CARLA Name: Address: 860 N. ORANGE AVE. STE B Address: 860 N. ORANGE AVE. STE B City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801 Title: S/D () Delete Title: S/D (X) Change () Addition SEIDEL, DONNA SAMPSON, JEANNIE Name: Name: 860 N. ORANGE AVE. STE B 860 N. ORANGE AVE. STE B Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801 Title: T/D () Delete Title: () Change () Addition Name: GONZALEZ, WILLIAM Name: 860 N. ORANGE AVE. STE. B Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: Title: () Delete Title: (X) Change () Addition LYS, REYNOLDS DICKENSON, BAILEY Name: Name: 860 N. ORANGE AVE. STE. B 860 N. ORANGE AVE. STE. B Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL FULTON PD 04/29/2008