

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05457

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

ORLANDO EQUITY
860 N. ORANGE AVE SUITE B
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

ORLANDO EQUITY
860 N. ORANGE AVE. SUITE B
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-2588789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIDGETTE ROSS PA
ORLANDO EQUITY
860 N. ORANGE AVE. STE B
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Title: P/D () Delete
Name: FULTON, WILLIAM
Address: 860 N. ORANGE AVE. STE B
City-St-Zip: ORLANDO, FL 32801

Title: V/D () Delete
Name: CARTWRIGHT, CARLA
Address: 860 N. ORANGE AVE. STE B
City-St-Zip: ORLANDO, FL 32801

Title: S/D () Delete
Name: SAMPSON, JEANNIE
Address: 860 N. ORANGE AVE. STE B
City-St-Zip: ORLANDO, FL 32801

Title: T/D () Delete
Name: GONZALEZ, WILLIAM
Address: 860 N. ORANGE AVE. STE. B
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: DICKENSON, BAILEY
Address: 860 N. ORANGE AVE. STE. B
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM FULTON

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date