2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05457

FILED Apr 30, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

ORLANDO EQUITY ORLANDO EQUITY

860 N. ORANGE AVE SUITE B

ORLANDO, FL 32801 US

860 N. ORANGE AVE SUITE 226
ORLANDO, FL 32801 US

ORLANDO, FL 32801 US

Current Mailing Address: New Mailing Address:

ORLANDO EQUITY ORLANDO EQUITY

860 N. ORANGE AVE. SUITE B 860 N. ORANGE AVE. SUITE 226 ORLANDO, FL 32801 US ORLANDO, FL 32801 US

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

BRIDGETTE ROSS PA
ORLANDO EQUITY
860 N. ORANGE AVE. STE 226
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: 04/30/2012

RE: 04/30/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P/D

Name: FULTON, BILL

Address: 860 N. ORANGE AVE. STE 226 City-St-Zip: ORLANDO, FL 32801

Title: V/D

Name: GARRIDO, GEORGE Address: 860 N. ORANGE AVE. STE 226

City-St-Zip: ORLANDO, FL 32801

Title: T/D

Name: SAMPSON, JEANNIE Address: 860 N. ORANGE AVE. STE 226

City-St-Zip: ORLANDO, FL 32801

Title: S/D

Name: BURNER, DEBBIE

Address: 860 N. ORANGE AVE. STE. 226

City-St-Zip: ORLANDO, FL 32801

Title: [

Name: BURNER, DEBI

Address: 860 N. ORANGE AVE. STE. B City-St-Zip: ORLANDO, FL 32801

Title: [

Name: SANFILIPO, MIKE

Address: 860 N. ORANGE AVE. STE 226 City-St-Zip: ORLANDO, FL 32801

I hereby 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 all other like empowered.

SIGNATURE: BILL FULTON PD 04/30/2012