2003 NOT-FOR-PROFIT CORPORATION

Mar 24, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR DOCUMENT # N05457** 1. Entity Name 03-24-2003 90172 022 ****61.25 CHICKASAW OAKS PHASE THREE HOMEOWNERS ASSOCIATIO Principal Place of Business Mailing Address P.O. BOX 16 606 ALTAMONTA SPRINGS FL 32716-1606 225 S. W**estmö**nte dr. STE 2050 ALTAMONTÉ SPRINGS FL 32714 Principal Place of Business 3. Mailing Address PRESIDENTIAL GROUP SOUTH MRESIDENTIAL GROWP SOUTH BS W. PINEVIEW ST. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 35 W. PINEVIEW City & State City & State 4. FEI Number 59-2588789 Applied For ALTAMONTE SPRINGS, FL HUTAMONTE SPRINGS Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired 3271 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUADAGINO, ANTHON WUMMUNA FLLEIT IL Street Address (P.O. Box Number is Not Acceptable) 225 S WESTMONTE DR STE 2050/ W. PINEVIEW STREET ALTAMONTE SPRINGS FL 32714 City Zip Code **3271** / LTAMONTE SPRINGS 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 e if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DVP ☐ Delete TIT: F Change ☐ Addition SCHWARTZ, ROBERT NAME NAME STREET ADDRESS 4825 HOPESRING DR. STREET ADDRESS CITY-ST-7IP ORLANDO FL 32829 CITY-ST-ZIP ☐ Delete Change TITLE ☐ Addition TITLE GONZALEZ, WILLIAM NAME NAME STREET ADDRESS 4766 REGINALD STREET ADDRESS 32829 ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE LEGAULT, JACKIE - * * -NAME NAME 4709 HOPESPRING DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32829 CITY-ST-7IP Delete ☐ Addition TITLE TITLE ☐ Change HUMES, PHYLLIS NAME NAME 4851 HOPESPRINGS DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32829 Delete Change ☐ Addition TITLE GARRIDO, GEORGE NAME NAME 4843 HOPESPRING DR STREET ADDRESS STREET ADDRESS 32829 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

3/14/03

FILED