

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90172 022 ****61.25

DOCUMENT # N05457

1. Entity Name

CHICKASAW OAKS PHASE THREE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**225 S. WESTMONTE DR.
STE 2050
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address

**P.O. BOX 16606
ALTAMONTE SPRINGS FL 32716-1606
US**

2. Principal Place of Business

**PRESIDENTIAL GROUP SOUTH
Suite, Apt. #, etc.
135 W. PINEVIEW ST.**

3. Mailing Address

**PRESIDENTIAL GROUP SOUTH
Suite, Apt. #, etc.
135 W. PINEVIEW ST.**

City & State
ALTAMONTE SPRINGS, FL

City & State
ALTAMONTE SPRINGS, FL

Zip
32714

Country
USA

Zip
32714

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2588789**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

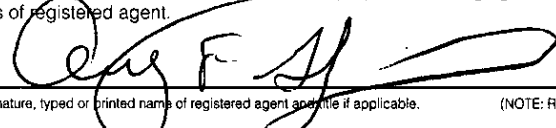
6. Name and Address of Current Registered Agent

**WOMAN KELLER FL.
225 S WESTMONTE DR
STE 2050
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name **GUADAGINO, ANTHONY F.**
Street Address (P.O. Box Number is Not Acceptable)
**PRESIDENTIAL GROUP SOUTH, INC.
135 W. PINEVIEW STREET**
City **ALTAMONTE SPRINGS FL** Zip Code **32714**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHWARTZ, ROBERT 4825 HOPE SPRING DR. ORLANDO FL 32829	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, WILLIAM 4766 REGINALD ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEGAULT, JACKIE 4709 HOPE SPRING DR. ORLANDO FL 32829	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMES, PHYLLIS 4851 HOPE SPRINGS DR. ORLANDO FL 32829	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARRIDO, GEORGE 4843 HOPE SPRING DR ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition 32829
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition 32829
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

MANUALLY REQUIRED

3/14/03

CR2E037 (10/02)