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 ASSOCIATIO N, INC.

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
225 S. WESTMONTE DR. STE 2050 ALTAMONTE SPRINGS FL 32714 US	P.O. BOX 161606 ALTAMONTE SPRINGS FL 32716-1606 US

2. Principal Place of Business	3. Mailing Address
PRESIDENTIAL GROUP SOUTH	PRESIDENTIAL GROUP SOUTH
Suite, Apt. #, etc. 135 W. PINEVIEW ST.	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

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	7. Name and Address of New Registered Agent
[redacted] 225 S WESTMONTE DR STE 2050 ALTAMONTE SPRINGS FL 32714	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] DATE: 3/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SCHWARTZ, ROBERT 4825 HOPESRING DR. ORLANDO FL 32829	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GONZALEZ, WILLIAM 4766 REGINALD ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	32829	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LEGAULT, JACKIE 4709 HOPESPRING DR. ORLANDO FL 32829	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUMES, PHYLLIS 4851 HOPESPRINGS DR. ORLANDO FL 32829	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GARRIDO, GEORGE 4843 HOPESPRING DR ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	32829	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: MANDATORY REQUIRED 3/14/03