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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N20658** **(3)**

1. Corporation Name

CHICKASAW OAKS PHASE FIVE HOMEOWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
PO BOX 720491 ORLANDO FL 32872 US	PO BOX 720491 ORLANDO FL 32872-0491 US

3. Date Incorporated or Qualified: 05/15/1987
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2814179 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BAKER, TIMOTHY L
5032 MYRTLE BAY DR
ORLANDO FL 32829

10. Name and Address of New Registered Agent

81 Name: Cheryl F. Anderson
82 Street Address (P.O. Box Number is Not Acceptable): 5046 Dahoon View Drive
83
84 City: Orlando FL 85 Zip Code: 32829

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0505, Florida Statutes.

SIGNATURE: Cheryl F. Anderson, President — DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	SP	☐ Change ☑ Addition
NAME	BAKER, TIMOTHY L		1.2 NAME	Kurt Williams	
STREET ADDRESS	5032 MYRTLE BAY DR		1.3 STREET ADDRESS	4902 Holly Bay Way	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL 32829	
TITLE	VD	☑ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	VEINTIDOS, JULIO		2.2 NAME	Crystal Keller	
STREET ADDRESS	5040 RED BAY DR		2.3 STREET ADDRESS	4937 Holly Bay Way	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL 32829	
TITLE	TD	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	MACNEISH, RAYMOND	Change of Title only	3.2 NAME	Joanie Herman	
STREET ADDRESS	5013 MYRTLE BAY DR		3.3 STREET ADDRESS	5028 Dahoon View Drive	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Orlando, FL 32829	
TITLE	D	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	MAIER, MICHAEL		4.2 NAME	Harry Malave	
STREET ADDRESS	5055 MYRTLE BAY DR		4.3 STREET ADDRESS	4872 Red Bay Drive	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, FL 32829	
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Anderson, Cheryl		5.2 NAME		
STREET ADDRESS	5046 Dahoon View Drive		5.3 STREET ADDRESS		
CITY-ST-ZIP	Orlando FL 32829		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Jeffery Blue		6.2 NAME		
STREET ADDRESS	4884 Red Bay Drive		6.3 STREET ADDRESS		
CITY-ST-ZIP	Orlando FL 32829		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cheryl F. Anderson REQUIRED — 4/17/97 — (407) 273-0065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018281