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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 32672 US	PO BOX 720491 ORLANDO FL 32672 US

3. Date Incorporated or Qualified: 05/15/1987

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

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / (27)

City & State (23) / (28)

Zip (24) / Country (25) / Zip (29) / Country (30)

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSON, CHERYL F
5046 DEHOON VIEW DR.
ORLANDO FL 32829

10. Name and Address of New Registered Agent

81 Name: Anderson, Cheryl F

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 617.0503, Florida Statutes.

SIGNATURE: Cheryl F Anderson 3/9/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAMS, KURT 4902 HOLLYBAY WAY ORLANDO FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VD JEFFERY A. BLYE 4884 RED BAY DRIVE ORLANDO, FLORIDA 32829	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLER, CYRSTAL 4927 HOLLY BAY WAY ORLANDO FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MACNEISH, RAYMOND 5013 MYRTLE BAY DR ORLANDO FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PD CHERYL ANDERSON 5046 DAHOON VIEW DRIVE ORLANDO, FL 32829	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAIER, MICHAEL 5055 MYRTLE BAY DR ORLANDO FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERMAN, JOANIE 5028 DAHOON VIEW DRIVE ORLANDO FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALARE, HARM 4872 RED BAY DRIVE ORLANDO FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	MALAVE, HARRY	☒ Change ☐ Addition

CR2E037 (10/97)

14. 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 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 3/9/98 407-273-0065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #