NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # N20658** 

CHICKASAW OAKS PHASE FIVE HOMEOWNERS ASSOCIATION , INC.

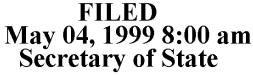
Principal Place of Business PO BOX 720491 ORLANDO FL 32872

2. Principal Place of Business

Mailing Address

PO BOX 720491 ORLANDO FL 32872

2a. Mailing Address



05-04-1999 90092 018 \*\*\*\*61.25

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3. Date incorporated or Qualifed

05/15/1987

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S	uite, Apt	#, etc.	Suite,	Apt. #, etc.			~ .	-4, `	FEI Number		-		plied For
22	•		27						59-28141	7 <del>9</del>		No	t Applicable
	ity & State	\	City &	State				<u> </u>	<u> </u>			\$8.75	Additional
23	, a ou	,	28					5.	Certificate of	Status Desired		Fee Re	quired
		Country			Cour	trv-			Classian Con	vesies Cinopolos		\$E 00	May Be
, Z	ıp	Country Zip								npaign Financing		Added	•
24		25	29		30				Trust Fund		Declarate		W 1 003
		9. Name and Address of Curre	nt Registered A	lgent		81	<del></del>	10.	Heme and	Address of New	Registered	ABeill	
•							Name	Par	سا بر د جو	Alves			
ANDERSON, CHERYLF 5046 DAHOON MEW DR ORLANDO FC 32829							82 Street Address (P.O. Box Number is Not Acceptable) 4921 Hohey Bay Way						
							U	HINDU	Jr. 32829 616				
		U			[	84	City				FL		Code
					1	l_	U	RLAN	JD0	<del></del>			<u>819</u>
11.	Pursuant t	o the provisions of Sections 617.05	02 and 617.1508	s, Florida Statute	s, the ab	OVB-	named cor	poration	submits this	statement for the	purpose of	changing its mment as re	registered
	omce or re	egistered agent, or both, in the State of familiar with, and accept the oblig	ation's of Section	า 617.0503, Flor	da Statu	tes.	curporat			, i iniiooy acce	/ /		
		Totalk Inch	Exerchent	,,						/	13/99	'	
SIGN	NATURE .	Signature, typed or printed ritims of registered ag		- (NOTE:	Recistered A	Accord a	signature requir	red when re	netating)		DATE		
12.			ND DIRECTORS		13.					HANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE		VD		SZ DELETE	1.1 1111	E		VD				Change	Addition
	i	BLYE, JEFFERY A.			12 NA		· } .	• -	ب ب	EDILM	0		
NAME							'	GIL	2511	HOON VIEW	DRIN	E	
STREE	ET ADORESS	4884 RED BAY DR			1.3 STF	EET A	VOORESS	502	Y DA	HOON VIE	~ ~,,,,,		
ÇITY-	ST-ZIP	ORLANDO FL 32829			1,4 CIT		Z1P	ORL	<u> </u>	FLORI	<u> 34 32</u>	1879	E3 4 4 6 2 1
TILE		(SO) D		DELETE	2.1 7371	Æ	}	D				K) Change	Addition
NAME	:	KELLER, CYRSTAL			22 NA	Æ							
erper	ET ADDRESS	4927 HOLLY BAY WAY			23 STF	EET A	NOORESS					•	
[-	• (	ORLANDO FL			2.4 CIT								
CITY-S		TD TD		DELETE	31 1111		-					Change	Addition
TITLE	- 1	· · · · · · · · · · · · · · · · · · ·		C) better	•••	_							_
NAME	, ,	MACNEISH, RAYMOND			32 NA		,						
STREET	ET ADURESS	5013 MYRTLE BAY DR	-		3.3 STF	ŒET A	VODRESS		-				
CITY-!	ST-ZIP	ORLANDO FL			3.4. CIT	Y-ST-	<u>-</u> ZP						
TITLE		PD		DELETE	4.1 TIT	E		PD		_		☐ Change	Addition
NAME	. [	ANDERSON, CHERYL			4.210	ME.	[ ]	ALV	= s. Pa-	RICK 4 BAY H			
	ET AODRESS	5046 DAHOON VIEW DR			43.80	EFT A	VOORESS	40-	HALL	4 BAY h	544		
		ORLANDO FL 32829					200	011	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FLORID	A 234	218	
CITY-S				DELETE	4.4 CIT		<del>4</del>	VICE	אם היייי	<u> </u>	7 220	Change	☐ Addition
TITLE	- 1	D		C) DETER	5.1 7171								
NAME	:	MALAVE, HARRY			5.2 NA								
STREE	ET ADORESS	4872 RED BAY DRIVE			53 517	CET A	NOORESS						
CITY-5	ST-ZP	ORLANDO FL			5.4 CIT	Y-37-	239						
TITLE				DELETE	6.1 सम	E		<u> 5</u>				Change	[28] Addition
NAME		•			62 NA	Æ		MAC	NEISH	MYRTLE	Į.		
1					63.816	EFT A	VOORESS	~/// Z	Myn	MYRTLE TLE BAY	DRIVE		
STREE	ET ADDRESS	ertify that the information supplied v											
	ST-ZP				■ 6.4 CIT	1-51-	ZP I	OLLP	A ( ) ( )	F(-31.4 A	- VX K Z	, 7	

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 oatis; officer or director of the copporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.