2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State
01-27-2000 90039 006 ****61.25

DOCUMENT # N20658

1. Entity Name

CHICKASAW OAKS PHASE FIVE HOMEOWNERS ASSOCIATION

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2814179 ☐ 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
ALVES, PATRICK 4921 HONEY BAY WAY ORLANDO FL 32829	Name Crystal D. Keller Street Address (P.O. Box Number is Not Acceptable) 4927 Holly Bay Way City Orlando FL Zip Code 32829

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.

SIGNATURE Crystal D. Keller President 1/17/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ D GILLETT, EDILMA 5029 DAHOON VIEW DR ORLANDO FL 32829	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Diane Robinson 5055 Myrtle Bay Dr Orlando, FL 32829	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ P KELLER, ~~CYRSTAL~~ Crystal 4927 HOLLY BAY WAY ORLANDO FL 32829	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Paul McDowell 4920 Red Bay Drive Orlando, FL 32829	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MACNEISH, RAYMOND 5013 MYRTLE BAY DR ORLANDO FL 32829	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALVES, PATRICK 4921 HOLLY BAY WAY ORLANDO FL 32829	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALAVE, HARRY 4872 RED BAY DRIVE ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEC. MACNEISH, MYRTLE 5013 MYRTLE BAY DR. ORLANDO FL 32829	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Crystal D. Keller President 1/17/00 407-381-9153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #