2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 08:00 AM
Secretary of State

DOCUMENT # **N20658**

1. Entity Name
CHICKASAW OAKS PHASE FIVE HOMEOWNERS ASSOCIATION, INC.

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

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

DO NOT WRITE IN THIS SPACE

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

KELLER CRYSTAL D
4927 HOLLY BAY WAY
ORLANDO FL
32829

7. Name and Address of New Registered Agent

Name
KELLER KENT A
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 **KENT A KELLER** **04/04/2001**
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	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	MACNEISH MYRTLE			NAME	ROBERT BORING		
STREET ADDRESS	5013 MYRTLE BAY DR			STREET ADDRESS	8749 CATBRIAR BAY WAY		
CITY-ST-ZIP	ORLANDO FL 32829			CITY-ST-ZIP	ORLANDO FL 32829		
TITLE	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	MCDOWELL PAUL			NAME	PEDIGO PATTI		
STREET ADDRESS	4920 RED BAY DR			STREET ADDRESS	4851 MYRTLE BAY DR		
CITY-ST-ZIP	ORLANDO FL 32829			CITY-ST-ZIP	ORLANDO FL 32829		
TITLE	D	☐ Delete		TITLE	S/D	☒ Change	☐ Addition
NAME	ROBINSON DIANE			NAME	SALMON SHIRLEY		
STREET ADDRESS	5055 MYRTLE BAY DR			STREET ADDRESS	5052 DAHOON VIEW DR		
CITY-ST-ZIP	ORLANDO FL 32829			CITY-ST-ZIP	ORLANDO FL 32829		
TITLE	TD	☐ Delete		TITLE	T	☒ Change	☐ Addition
NAME	MACNEISH RAYMOND			NAME	MACNEISH RAYMOND		
STREET ADDRESS	5013 MYRTLE BAY DR			STREET ADDRESS	5013 MYRTLE BAY DR		
CITY-ST-ZIP	ORLANDO FL			CITY-ST-ZIP	ORLANDO FL 32829		
TITLE	P	☐ Delete		TITLE	P/D	☒ Change	☐ Addition
NAME	KELLER CRYSTAL			NAME	KELLER KENT A		
STREET ADDRESS	4927 HOLLY BAY WAY			STREET ADDRESS	4927 HOLLY BAY WAY		
CITY-ST-ZIP	ORLANDO FL			CITY-ST-ZIP	ORLANDO FL 32829		
TITLE	D	☐ Delete		TITLE	V/D	☒ Change	☐ Addition
NAME	GILLETT EDILMA			NAME	CARP PAM		
STREET ADDRESS	5029 DAHOON VIEW DR			STREET ADDRESS	5010 DAHOON VIEW DR		
CITY-ST-ZIP	ORLANDO FL 32829			CITY-ST-ZIP	ORLANDO FL 32829		

CR2E037 (11/00)

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: Kent A Keller P 04/04/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MR STEVE CARP
5010 DAHOON VIEW DR

ORLANDO, FL 32829

MR BRIAN MOYER
8803 CATBRIAR BAY WAY

ORLANDO, FL 32829