2004 FLORIDA NON-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90081 043 ****61.25

DOCUMENT # N20658

1. Entity 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 US

04172004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
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
KELLER, KENT A 4927 HOLLY BAY WAY ORLANDO, FL 32829	Name ERICK M. JENSEN Street Address (P.O. Box Number is Not Acceptable) 8609 GRANDEE DR 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Erick M. Jensen, PRESIDENT-COHOA PHASE 5 4/19/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D MOYER, BRIAN 8803 CATBRIAR BAY WAY ORLANDO, FL 32829	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D CINDY ADCOCK 4914 RED BAY DR ORLANDO, FL 32829	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D KELLER, KENT A 4927 HOLLY BAY WAY ORLANDO, FL 32829	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D ERICK M JENSEN 8609 GRANDEE DR ORLANDO, FL 32829	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D STAHLIN, JIM 4818 RED BAY DR ORLANDO, FL 32829	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STAHLIN, PAM 4818 RED BAY DR ORLANDO, FL 32829	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DYKSTRA, KENNETH 8602 GRANDEE DR ORLANDO, FL 32829	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NANCY ARENAS 8614 GRANDEE DR ORLANDO, FL 32829	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNWELL, WILLIAM B 4908 HOLLY BAY WAY ORLANDO, FL 32829	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WAYNE BROWN 4824 RED BAY DR ORLANDO, FL 32829	☒ Change ☐ Addition

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: Erick M Jensen ERICK M JENSEN-4/19/04 407-208-1582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #