FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90185 032 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N20658

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

400795035

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

04262006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
5401 S. Kirkman Rd	5401 S. Kirkman Rd.
Suite, Apt. #, etc.: Ste. 450	Suite, Apt. #, etc.: Ste. 450
City & State: Orlando FL	City & State: Orlando FL
Zip: 32819 Country:	Zip: 32819 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
JENSEN, ERICK M 8609 GRANDER DR. ORLANDO, FL 32829	Name: Community Management Professionals, Inc. Street Address (P.O. Box Number is Not Acceptable): 5401 S. Kirkman Rd. Ste. 450 City: Orlando **FL** Zip Code: 32819

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: Sue Carpenter Pres. — 4-28-06
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, 2006**	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 ADCOCK, CINDY 4914 RED BAY DR. ORLANDO, FL 32829	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JENSEN, ERICK M 8609 GRANDEE DR ORLANDO, FL 32829	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 — 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #