2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90011 029 ****61.25

DOCUMENT # N20658

1. Entity Name

CHICKASAW OAKS PHASE FIVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~860 N. ORANGE AVE.~~ ~~SUITE B~~ ~~ORLANDO FL 32801~~ ~~US~~	~~860 N. ORANGE AVE.~~ ~~SUITE B~~ ~~ORLANDO FL 32801~~ ~~US~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON STREET, SUITE 103 ORLANDO, FL 32804	PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON STREET, SUITE 103 ORLANDO, FL 32804

1st MOORE CR2E037 (10/07)

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
~~ORLANDO EQUITY~~ ~~860 N. ORANGE AVE.~~ ~~SUITE B~~ ~~ORLANDO FL 32801~~	PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON STREET, SUITE 103 ORLANDO, FL 32804 FL Zip Code

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 [signature] 3-26-08
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
Due By May 1, 2008

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	P/D MAK, MONA ~~860 N. ORANGE AVE STE B~~ ~~ORLANDO FL 32801~~	☐ Delete	☑ Change ☐ Addition 5151 Adanson St. Suite 103 Orlando Fl 32804	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D FADDIS, SHELBY ~~860 N. ORANGE AVE. STE B~~ ~~ORLANDO FL 32801~~	☐ Delete	☑ Change ☐ Addition 5151 Adanson St. Suite 103 Orlando FL 32804	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D RUSSETT, BRENDA 860 N. ORANGE AVE. STE B ORLANDO FL 32801	☑ Delete	☐ Change ☑ Addition Luisa Kwok 5151 Adanson St. Suite 103 Orlando FL 32804	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D SWOSZOWSKI, NOREEN ~~860 N. ORANGE AVE. STE B~~ ~~ORLANDO FL 32801~~	☐ Delete	☑ Change ☐ Addition 5151 Adanson St. Suite 103 Orlando FL 32804	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVARADO, WILLIAM 860 N. ORANGE AVE. STE B ORLANDO FL 32801	☑ Delete	☐ Change ☑ Addition Edward Lenaz 5151 Adanson St. Suite 103 Orlando FL 32804	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D D'ARCY, MIKE 860 N. ORANGE AVE., STE B ORLANDO FL 32801	☑ Delete	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #