

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20658

FILED
Apr 13, 2009
Secretary of State

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

Current Principal Place of Business:

PREMIER COMMUNITY MANAGERS, INC
5151 ADANSON STREEET, SUITE 103
ORLANDO, FL 32804 US

New Principal Place of Business:

PREMIER COMMUNITY MANAGERS, INC
5151 ADANSON STREET, SUITE 103
ORLANDO, FL 32804 US

Current Mailing Address:

PREMIER COMMUNITY MANAGERS, INC
5151 ADANSON STREEET, SUITE 103
ORLANDO, FL 32804 US

New Mailing Address:

PREMIER COMMUNITY MANAGERS, INC
5151 ADANSON STREET, SUITE 103
ORLANDO, FL 32804 US

FEI Number: 59-2814179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORLANDO, EQUITY
PREMIER COMMUNITY MANAGERS, INC.
5151 ADANSON STREET, SUITE 103
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

HOUSE, GARY
PREMIER COMMUNITY MANAGERS, INC.
5151 ADANSON STREET, SUITE 103
ORLANDO, FL 32804 US

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: GARY HOUSE

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: MAK, MONA
Address: 5151 ADANSON ST. SUITE 103
City-St-Zip: ORLANDO, FL 32804

Title: V/D (X) Delete
Name: FADDIS, SHELBY
Address: 5151 ADANSON ST. SUITE 103
City-St-Zip: ORLANDO, FL 32804

Title: T/D () Delete
Name: KWOK, LUISA
Address: 5151 ADANSON ST. SUITE 103
City-St-Zip: ORLANDO, FL 32804

Title: S/D () Delete
Name: SWOSZOWSKI, NOREEN
Address: 5151 ADANSON ST. SUITE 103
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: EDWARD, LENA
Address: 5151 ADANSON ST. SUITE 103
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONA MAK

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date