

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20658

FILED
Feb 22, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2814179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: EDWARD, LENAZ
Address: 4929 MYRTLE BAY DR
City-St-Zip: ORLANDO, FL 32829

Title: D
Name: RIGAU, ALBERTO
Address: 5151 ADANSON ST SUITE 103
City-St-Zip: ORLANDO, FL 32804

I hereby 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 all other like empowered.

SIGNATURE: MONA MAK

PRES

02/22/2011

Electronic Signature of Signing Officer or Director

Date