

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20658

FILED  
Apr 13, 2012  
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:**

C/O PREMIER COMMUNITY MANAGERS, INC  
1250 BELLE AVE., SUITE 101  
WINTER SPRINGS, FL 32708 US

**Current Mailing Address:**

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

**New Mailing Address:**

C/O PREMIER COMMUNITY MANAGERS, INC  
1250 BELLE AVE., SUITE 101  
WINTER SPRINGS, FL 32708 US

**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:**

PREMIER COMMUNITY MANAGERS, INC.  
1250 BELLE AVE.  
SUITE 101  
WINTER SPRINGS, FL 32708 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

04/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MAK, MONA  
Address: 1250 BELLE AVE., SUITE 101  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: VP  
Name: LENAZ, EDWARD  
Address: 1250 BELLE AVE., SUITE 101  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: T  
Name: KWOK, LUISA  
Address: 1250 BELLE AVE., SUITE 101  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: S  
Name: SWOSZOWKI, NOREEN  
Address: 1250 BELLE AVE., SUITE 101  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: D  
Name: RIGAU, ALBERTO  
Address: 1250 BELLE AVE., SUITE 101  
City-St-Zip: WINTER SPRINGS, FL 32708 US

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

04/13/2012

Electronic Signature of Signing Officer or Director

Date