

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35507 (5)
1. Corporation Name
CHICKASAW TRAILS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**52 E. SOUTH ST.
ORLANDO FL 32801
US**

3. Date Incorporated or Qualified **11/29/1989** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2994534** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**DON ASHER & ASSOCIATES, INC.
52 E. SOUTH ST.
ORLANDO FL 32801**
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VD DEBBIE FUSSELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLUSHER, TERRY	1.2 NAME	4153 EAGLE FEATHER DRIVE
STREET ADDRESS	8513 BLACK CREEK BLVD.	1.3 STREET ADDRESS	ORLANDO, FL 32829
CITY-ST-ZIP	ORLANDO FL 32829	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANKLAM, FRED	2.2 NAME	
STREET ADDRESS	3638 RUNNING WATER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32829	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINAUER, GARY	3.2 NAME	
STREET ADDRESS	8849 RESERVATION DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32829	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUINN, JOHN	4.2 NAME	
STREET ADDRESS	3866 RUNNING WATER CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32829	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTE, FRANK	5.2 NAME	
STREET ADDRESS	3812 RUNNING WATER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32829	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John F. Guinn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN F. GUINN

4/22/96

380-342

Date

Daytime Phone #

CR2E037 (12/95)