FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N35507

(5)

CHICKASAW TRAILS HOMEOWNERS ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address					
52 E. SOUTH ST. ORLANDO FL 32801 US		52 E. SOUTH ST. ORLANDO FL 32801-3306 US					
					 Date incorporated or Qualified 11/29/1989 	3a. Date of Las 05/01/1	t Report 1996
2. Principal Pl. 21	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2994534		Applied For Not Applicable
Suite, Apl. (#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip 24	Country 25	Zip 29	Country 30	,	8. This corporation has liability for i	intangible tax unde	rs. 199.032,
	9. Name and Address of Current				10. Name and Address of New Re	gistered Agent	
			81	Name			
DON ASI 52 E. SO	HER & ASSOCIATES, INC. OUTH ST.		82	Street Ad	dress (P.O. Box Number is Not Accepted	le)	
	O FL 32801		83				
			84	City		FL 65 Z	ip Code
11. Pursuant t	o the provisions of Sections 617.0502	and 617 1508. Florida Statut	tes, the abov	e-named co	orporation submits this statement for the p	urnose of changin	a its registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was tions of, Section 617.0503, Fl	authorized by orida Statute	y the corpoi s.	ration's board of directors. I hereby accept	ot the appointment	as registered
SIGNATURE _	Signature, typed or printed frame of registered ager	I and title if applicable. (NOT	E: Registered Ag	en! signature rec	outrad when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	VD	DELETE	1.1 TITLE			Chang	ge Addition
NAME	FUSSELL, DEBBIE 4153 EAGLE FEATHER DRIVE		1.2 NAME				
STREET ADDRESS	ORLANDO FL		1.3 STREET	1			
CITY-ST-ZIP TITLE	PD PD	DELETE	1.4 CITY-1	ST-ZIP		Chang	ge Addition
NAME	ANKLAM, FRED	C) ottob	2.2 NAME	1		C oran	Ju Emily Flooriton
STREET ADDRESS	3638 RUNNING WATER DR.		2.3 STREET	r ADDRESS			
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY -				
TITLE	SD	DELETE	3.1 TITLE	<u> </u>		Chang	ge Addition
NAME	FEINAUER, GARY		3.2 NAME	<u>j</u>		•	
STREET ADDRESS	8849 RESERVATION DR		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32829		3.4. CITY-	ST-ZIP			
TITLE	TD	☐ DELETE	4.1 TITLE			Chang	ge 🔲 Addition
NAME	GUINN, JOHN		4. 2 NAME				
STREET ADDRESS	3866 RUNNING WATER CT		4.3 STREET	T ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32829	Dr. Fre	4.4 CITY-	ST-ZIP	_D	N	FT 1180
TITLE	d Monte, Frank	☐ DELETE	5.1 TITLE		Tom, Daniel 2	Chan	ge Addition
NAME PROFES ADDRESS	3812 RUNNING WATER DR		5.2 NAME	T ADDDESO	86 KI KUNNING D	ear U	
STHEET ADDRESS	ORLANDO FL 32829			T ADDRESS	Tom Daniel & 21 Running B Orlando, 71 3	2G 2G	
CITY-ST-ZIP TITLE	ALIPATA I PATA	☐ DELETE	5.4 CITY - : 6.1 TITLE	31-4IF	DIWING TO D	□ Chan	ge Addition
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CiTY-				
14. I do hereb	by certify that the information supplied	with this filing does not qual	ify for the exe	emption sta	ted in Section 119.07(3)(i), Florida Statute	s. I further certify the	hat the
I am an of		the receiver or trustee empoy	vered to exec		nat my signature shall have the same lega bort as required by Chapter 617, Florida S		

SIGNATURE:

REQUIRE

1/10/97

Daytime Phone # 0015765

FILED

Apr 17 1997 8:00am

Secretary of State