

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35507** (5)
1. Corporation Name
CHICKASAW TRAILS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 52 E. SOUTH ST. ORLANDO FL 32801 US		Mailing Address 52 E. SOUTH ST. ORLANDO FL 32801 US		3. Date Incorporated or Qualified 11/29/1989	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2994534	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Zip 29		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSSELL, DEBBIE	1.2 NAME	Debbie Fussell
STREET ADDRESS	4153 EAGLE FEATHER DRIVE	1.3 STREET ADDRESS	4153 Eagle Feather Dr
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32829
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANKLAM, FRED	2.2 NAME	VD
STREET ADDRESS	3838 RUNNING WATER DR.	2.3 STREET ADDRESS	Michael Till@lli
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	8843 Reservation Drive
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINAUER, GARY	3.2 NAME	SD
STREET ADDRESS	8849 RESERVATION DR	3.3 STREET ADDRESS	Gary Feinauer
CITY-ST-ZIP	ORLANDO FL 32829	3.4 CITY-ST-ZIP	8849 Reservation Dr., Orlando, FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUINN, JOHN	4.2 NAME	TD
STREET ADDRESS	3866 RUNNING WATER CT	4.3 STREET ADDRESS	John Guinn
CITY-ST-ZIP	ORLANDO FL 32829	4.4 CITY-ST-ZIP	3866 Running Water Dr
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM, DANIEL	5.2 NAME	D
STREET ADDRESS	8621 RUNNING BEAR CT.	5.3 STREET ADDRESS	Daniel Tom
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	8621 Running Bear Ct.
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Deborah L. Fussell, Deborah L. Fussell 4/8/98 (407) 237-5123

CR2E037 (1097)