

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35507

FILED
Apr 01, 2009
Secretary of State

Entity Name: CHICKASAW TRAILS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DRIVE
#3310
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 32716 US

New Mailing Address:

FEI Number: 59-2994534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 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: DT () Delete
Name: ADAMS, MARK
Address: 8695 BLACK MESA DRIVE
City-St-Zip: ORLANDO, FL 32829

Title: DP () Delete
Name: BECK, TONY
Address: 3715 PEACE PIPE DR.
City-St-Zip: ORLANDO, FL 32829 US

Title: DS () Delete
Name: MOORE, NANCY
Address: 3454 FOX HOLLOW DRIVE
City-St-Zip: ORLANDO, FL 32829

Title: D () Delete
Name: RIVERA, ARCUDIO
Address: 3727 RUNNING WATER DR
City-St-Zip: ORLANDO, FL 32829

Title: VPD () Delete
Name: VELEZ, RICHARD
Address: 3490 FOX HOLLOW DR
City-St-Zip: ORLANDO, FL 32829

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: GUINN, JOHN
Address: 3866 RUNNING WATER DRIVE
City-St-Zip: ORLANDO, FL 32829

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: VELEZ, RICHARD
Address: 3490 FOX HOLLOW DR
City-St-Zip: ORLANDO, FL 32829

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TONY BECK

DP

04/01/2009

Electronic Signature of Signing Officer or Director

Date