


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90047 044 ****61.25

DOCUMENT # N9600000091
 1. Entity Name
CHICKASAW WAY NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**PMB 173
 5745 SW 75 STREET
 GAINESVILLE, FL 32608**

Mailing Address
**PMB 173
 5745 SW 75 STREET
 GAINESVILLE, FL 32608**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

03232005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3385097

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRODEUR, ELISE M
 5119 S.W. 103 DRIVE
 GAINESVILLE, FL 32608**

7. Name and Address of New Registered Agent

Name
WILLIAM H. NAYLOR JR

Street Address (P.O. Box Number is Not Acceptable)
10212 SW 52ND AVE

City
GAINESVILLE FL Zip Code
32608

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **WILLIAM H. NAYLOR JR TREASURER** **3/23/05**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	AASHEIM, CAROL	
STREET ADDRESS	5205 SW 103 DR	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	T	<input type="checkbox"/> Delete
NAME	NAYLOR, WILLIAM H JR.	
STREET ADDRESS	10212 SW 52ND AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PHILIPS, STANLEY	
STREET ADDRESS	5133 SW 103 WAY	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STANLEY, HAZEL	
STREET ADDRESS	10310 SW 51 LANE	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	REAMY, BARBARA	
STREET ADDRESS	10242 SW 52ND AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, CHARLES	
STREET ADDRESS	5149 SW 103 DR	
CITY-ST-ZIP	GAINESVILLE, FL 32608	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD WILCOX	
STREET ADDRESS	5215 SW 103 DR	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **WILLIAM H. NAYLOR JR TREASURER** **3/23/05** **352 335-8034**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #