2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N96000000091 1. Entity Name CHICKASAW WAY NEIGHBORHOOD ASSOCIATION, INC.								03-28-20	005 900	0 47 04	14 ****6	1.25
PMB 173 PME 5745 SW 75 STREET 574			Mailing Address PMB 173 5745 SW 75 STREET GAINESVILLE, FL 32608				· · · · · · · · · · · · · · · · · · ·	;* MMN				
2. Principal Place of Business 3.			3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03232005	Chg-NP	c	R2E03	7 (10/03)		
City & State		City	City & State			4. FEI Number 59-338509					<u> </u>	oplied For ot Applicable
Zip	p Country		Zip Cou		untry	ntry 5. Certifics		of Status Des	ired		88.75 Ack	
	6. Name and Address of Current	Registered	Agent				7. Name and	Address of I	lew Regi	stered A	gent	
					Name		//		T/2			
	R, ELISE M				Street A	LL A	P.O. Box Numb	7 LOP	// <u>/</u>			
	103 DRIVE						5.60 62					
GAINESVI	LLE, FL 32608					<u> </u>						
					City	A	SVILLE			FL	Zip Cod	202
B. The above	named entity submits this statement fo	r the numer	n of changing its	rogistor	ad office or	HINE	od ocent as be	th in the State	of Florida		_ 	
	ions of registered agent.			•		-						
SIGNATURE .	Signature, typed or printed name of registered agent	d title if applica	able. (NOTE	Registere	ed Agent signet	ure required	TR TRE when reinstating)	NUCLA		DATE	<u> </u>	
SIGNATURE		and title if explica	9. Election Carr	paign F	Financing	me recorred	\$5.00 May I	3e	Make	check	payable t	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applica	ACME. (NOTE	paign F	Financing	me recorred	when lesistating)	3e	Make	check	*	
10.	Signature, typed or printed name of registered agent : Filling Fee Is \$61.25		9. Election Carr	paign F	Financing tion.		\$5.00 May I	3e	Make Florida	check Depart	payable t ment of S	tate
	Signature, typed or printed name of registers agent; Filling Fee is \$61.25 Due by May 1, 2005		9. Election Carr	npaign F	Financing tion.		\$5.00 May I Added to Feed	Se ANGES TO O	Make Florida	check Depart	payable t ment of S	tate
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indicated on this report or supplies with the minimage and the minimage indicated on this report or supplies 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: SIGNATURE AND TYPED OFFICER OF SIGNING OFFICER OF DIRECT	VAYLOR IR TREASURER	3/23/05 352 335-8034
SIGNATURE AND TYPED OPPRINTED HAME OF SIGNING OFFICER OR DIREC	TOR Date	Daytime Phone #