

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90261 001 ****61.25

DOCUMENT # N96000000091

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**

50000250



2. Principal Place of Business - No P.O. Box #

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3385097

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**KOCHKERIAN, JOHN
10301 SW 52ND AVENUE
GAINESVILLE, FL 32608**

7. Name and Address of New Registered Agent

Name **BROWN, CHARLES R**

Street Address (P.O. Box Number is Not Acceptable)

5149 SW 103rd DR

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 **CHARLES R BROWN**

Charles R Brown

JAN 10, 2007

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, 2007**

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** ☐ Delete
NAME **HUBER, JAMES**
STREET ADDRESS **10314 SW 51ST LANE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **T** ☐ Delete
NAME **KOCHKERIAN, JOHN**
STREET ADDRESS **10301 SW 52ND AVE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **VPD** ☐ Delete
NAME **PARNEL, CARL**
STREET ADDRESS **5123 SW 103 WAY**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **SD** ☐ Delete
NAME **EDWARDS, TERRI**
STREET ADDRESS **5235 SW 103 DRIVE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **D** ☐ Delete
NAME **REAMY, BARBARA**
STREET ADDRESS **10242 SW 52ND AVE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **D** ☐ 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 **P** ☒ Change ☐ Addition
NAME **REAMY, BARBARA**
STREET ADDRESS **10242 SW 52ND AVE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **T** ☒ Change ☐ Addition
NAME **BROWN, CHARLES**
STREET ADDRESS **5149 SW 103rd DR**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **VPD** ☐ Change ☐ Addition
NAME **PARNELL, CARL**
STREET ADDRESS **5123 SW 103 WAY**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **SD** ☒ Change ☐ Addition
NAME **BARTON, TERRI**
STREET ADDRESS **5235 SW 103rd DR**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **D** ☒ Change ☐ Addition
NAME **WILCOX, RICHARD**
STREET ADDRESS **5215 SW 103rd DR**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **D** ☒ Change ☐ Addition
NAME **EASTER, JAMES**
STREET ADDRESS **10340 51ST LANE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Barbara Reamy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07 **271-5516**
Date Daytime Phone #