

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90229 014 \*\*\*\*70.00

**DOCUMENT # N96000001694**

1. Entity Name  
**CHICKASAW RIDGE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**GOLDEN CHICKASAW CIRCLE  
ORLANDO, FL 32825 US**

Mailing Address  
**509 S. CHICKASAW TRAIL  
PMB 273  
ORLANDO, FL 32825 US**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3384660**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESPAILLAT, JUDITH  
8250 GOLDEN CHICKASAW CIR  
ORLANDO, FL 32825**

Name

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

City

**FL**

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME PLASENCIA, SUSAN  
STREET ADDRESS 8215 GOLDEN CHICKASAW CIR  
CITY-ST-ZIP ORLANDO, FL 32825

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME MAHANY, ANNE  
STREET ADDRESS 509 S. CHICKASAW TRAIL #273  
CITY-ST-ZIP ORLANDO, FL 32825

TITLE ☒ Change ☐ Addition  
NAME **MAHANY, ANNE**  
STREET ADDRESS **509 S. CHICKASAW TRAIL #273**  
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE TD ☒ Delete  
NAME VASCONEX, GLEN  
STREET ADDRESS 8137 GOLDEN CHICKASAW CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32825

TITLE ☒ Change ☐ Addition  
NAME **ALTERNATE/D VASCONEX, GLEN**  
STREET ADDRESS **509 S. CHICKASAW TRAIL #273**  
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE SD ☒ Delete  
NAME ESPAILLAT, JUDY  
STREET ADDRESS 8250 GOLDEN CHICKASAW CIR  
CITY-ST-ZIP ORLANDO, FL 32825

TITLE ☒ Change ☐ Addition  
NAME **S/T/D ESPAILLAT, JUDY**  
STREET ADDRESS **8250 GOLDEN CHICKASAW CIR**  
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE D ☐ Delete  
NAME GALLEGU, CARLOS  
STREET ADDRESS 509 S. CHICKASAW TRAIL #273  
CITY-ST-ZIP ORLANDO, FL 32825

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Judith Espallat*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/07** **407-384-8632**  
Date Daytime Phone #