2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N96000001694

1. Entity Name
CHICKASAW RIDGE HOMEOWNERS' ASSOCIATION.



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

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

INC.						
Principal Place of Business GOLDEN CHICKASAW CIRCLE ORLANDO, FL 32825 US	Mailing Address 509 S. CHICKASAW TRAIL PMB 273 ORLANDO, FL 32825	us	gvv.	-	II ACIII Balki kalk akka istia a	(E(10) 0): (10):
2. Principal Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04182007	Chg-NP	CR2E037 (12/06)	
City & State	City & State		4. FEI Numb 59-338		<u> </u>	pplied For
Zip Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Ac Fee Requir	ditional
6. Name and Address of Current Registered Agent			7. Name and	Address of New R	legistered Agent	
		Name				
ESPAILLAT, JUDITH 8250 GOLDEN CHICKASAW CIR ORLANDO, FL 32825		Street Ad	Idress (P.O. Box Numb	er is Not Acceptable	9)	
, , , , , , , , , , , , , , , , , , ,						
· · ·		City			FL Zip Co	de
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.						n, and accept
CICNATURE						
Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: I	Registered Agent signatur	re required when reinstating)		DATE	
	nt and title ∄ applicable. (NOTE: I 9. Election Camp Trust Fund Co	paign Financing	se required when reinstating) \$5.00 May 6 Added to Fees	, ,	lake check payable	
Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May 6 Added to Fees	Flor	lake check payable	State
Signature, typed or printed name of registered ager	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May 6 Added to Fees	Flor	lake check payable	N 10
Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2007 10. OFFICERS AND D	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May 6 Added to Fees	Flor	lake check payable Ida Department of S	N 10
Signature, typed or printed name of registered ager Filling Fee is \$61.25	9. Election Camp Trust Fund Co Delete	paign Financing Intribution. [1] 11. TITLE NAME STREET ADDRESS	\$5.00 May 6 Added to Fees	Flor	lake check payable Ida Department of S	N 10
Signature. typed or printed name of registered ager Filling Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing Intribution. [11. ITILE NAME	\$5.00 May 6 Added to Fees ADDITIONS/CH	Flor	lake check payable Ida Department of S RS AND DIRECTORS I	N 10 Addition
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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: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-384-86-32