

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001694

FILED  
Apr 22, 2009  
Secretary of State

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

**Current Principal Place of Business:**

GOLDEN CHICKASAW CIRCLE  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

231 RUBY AVENUE  
SUITE A  
KISSIMMEE, FL 34741 US

**Current Mailing Address:**

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

**New Mailing Address:**

231 RUBY AVENUE  
SUITE A  
KISSIMMEE, FL 34741 US

**FEI Number:** 59-3384660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ASSOCIATION SOLUTIONS OF CENTRAL FL  
231 RUBY AVENUE  
SUITE A  
KISSIMMEE, FL 34741 US

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.

SIGNATURE: MARK HILLS

04/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PLASENCIA, SUSAN  
Address: 8215 GOLDEN CHICKASAW CIR  
City-St-Zip: ORLANDO, FL 32825 US

Title: D ( ) Delete  
Name: VASCONEZ, GLEN  
Address: 509 S. CHICKASAW TRAIL #273  
City-St-Zip: ORLANDO, FL 32825

Title: STVD ( ) Delete  
Name: ESPAILLAT, JUDY  
Address: 8250 GOLDEN CHICKASAW CIR  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PLASENCIA, SUSAN  
Address: 8215 GOLDEN CHICKASAW CIRCLE  
City-St-Zip: ORLANDO, FL 32825 US

Title: STD (X) Change ( ) Addition  
Name: GROSS, SHELLY  
Address: 8121 GOLDEN CHICKASAW CIRCLE  
City-St-Zip: ORLANDO, FL 32825 US

Title: VPD (X) Change ( ) Addition  
Name: ESPAILLAT, JUDY  
Address: 8250 GOLDEN CHICKASAW CIRCLE  
City-St-Zip: ORLANDO, FL 32825 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK HILLS

MR

04/22/2009

Electronic Signature of Signing Officer or Director

Date