

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001694

FILED  
Mar 19, 2010  
Secretary of State

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

**Current Principal Place of Business:**

241 RUBY AVENUE  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

**Current Mailing Address:**

241 RUBY AVENUE  
KISSIMMEE, FL 34741 US

**New Mailing Address:**

**FEI Number:** 59-3384660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

ASSOCIATION SOLUTIONS OF CENTRAL FL  
241 RUBY AVENUE  
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

03/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** GALLEG0, CARLOS  
**Address:** 8263 GOLDEN CHICKASAW CIRCLE  
**City-St-Zip:** ORLANDO, FL 32825 US

**Title:** STD  
**Name:** GROSS, SHELLY  
**Address:** 8121 GOLDEN CHICKASAW CIRCLE  
**City-St-Zip:** ORLANDO, FL 32825 US

**Title:** VPD  
**Name:** ESPAILLAT, JUDY  
**Address:** 8250 GOLDEN CHICKASAW CIRCLE  
**City-St-Zip:** ORLANDO, FL 32825 US

I hereby 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 all other like empowered.

**SIGNATURE:** MARK HILLS

MR

03/19/2010

Electronic Signature of Signing Officer or Director

Date