

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091592

FILED
Apr 21, 2009
Secretary of State

Entity Name: CHICKASAW PLACE HOME OWNERS ASSN., INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 61-1455440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W. JR.
% SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVILA, CARMEN I
Address: 7521 BEAR CLAW RUN
City-St-Zip: ORLANDO, FL 32825

Title: VPD () Delete
Name: KATARAM, VIJAY
Address: 7607 BEAR CLAW RUN
City-St-Zip: ORLANDO, FL 32825

Title: SD () Delete
Name: LONGMIRE, LESLIE
Address: 7508 BEAR CLAW RUN
City-St-Zip: ORLANDO, FL 32825

Title: TD () Delete
Name: NELSON, DOUGLAS
Address: 7861 BEAR CLAW RUN
City-St-Zip: ORLANDO, FL 32825

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DAVILA, CARMEN
Address: 7521 BEAR CLAW RUN
City-St-Zip: ORLANDO, FL 32825

Title: TD (X) Change () Addition
Name: KATARAM, VIJAY
Address: 7607 BEAR CLAW RUN
City-St-Zip: ORLANDO, FL 32825

Title: VPD (X) Change () Addition
Name: LONGMIRE, LESLIE
Address: 7508 BEAR CLAW RUN
City-St-Zip: ORLANDO, FL 32825

Title: PD (X) Change () Addition
Name: NELSON, DOUGLAS
Address: 7861 BEAR CLAW RUN
City-St-Zip: ORLANDO, FL 32825

Title: SD () Change (X) Addition
Name: FEINMAN, MATTHEW S
Address: 7526 BEAR CLAW RUN
City-St-Zip: ORLANDO, FL 32825

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS NELSON

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date