

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05457

**Entity Name:** CHICKASAW OAKS PHASE THREE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 07, 2020**  
**Secretary of State**  
**5698784609CC**

**Current Principal Place of Business:**

8768 GRANDEE DRIVE  
ORLANDO, FL 32829

**Current Mailing Address:**

253 PLAZA DRIVE  
SUITE D  
OVIEDO, FL 32765 US

**FEI Number: 59-2588789**

**Certificate of Status Desired: No**

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

AMERICAN HOME TEAM REATLY, LLC  
253 PLAZA DRIVE  
SUITE D  
OVIEDO, FL 32765 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: DARCIE ENGLERT**

**04/07/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            FULTON, BILL  
Address        253 PLAZA DRIVE  
                  SUITE D  
City-State-Zip: OVIEDO FL 32765

Title            VP, DIRECTOR  
Name            PEREZ, TERESA  
Address        253 PLAZA DRIVE  
                  SUITE D  
City-State-Zip: OVIEDO FL 32765

Title            TREASURER, DIRECTOR  
Name            SAMPSON, JEANIE  
Address        253 PLAZA DRIVE  
                  SUITE D  
City-State-Zip: OVIEDO FL 32765

Title            SECRETARY, DIRECTOR  
Name            BURNER, DEBI  
Address        253 PLAZA DRIVE  
                  SUITE D  
City-State-Zip: OVIEDO FL 32765

Title            DIRECTOR  
Name            GAGNE, ESTELLE  
Address        253 PLAZA DRIVE  
                  SUITE D  
City-State-Zip: OVIEDO FL 32765

Title            CAM, MANAGER  
Name            BELMORE, CHARLES  
Address        253 PLAZA DRIVE  
                  SUITE D  
City-State-Zip: OVIEDO FL 32765

*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: CHARLES BELMORE**

**CAM**

**04/07/2020**

Electronic Signature of Signing Officer/Director Detail

Date