

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Feb 29, 2024**

**Secretary of State  
2515917223CC**

DOCUMENT# N05457

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

**Current Principal Place of Business:**

C/O GOOD HELP MANAGEMENT  
3564 AVALON BLVD. EAST SUITE #1-145  
ORLANDO, FL 32828

**Current Mailing Address:**

C/O GOOD HELP MANAGEMENT  
3564 AVALON BLVD. EAST SUITE #1-145  
ORLANDO, FL 32828 US

**FEI Number: 59-2588789**

**Certificate of Status Desired: No**

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

GOOD HELP MANAGEMENT  
C/O GOOD HELP MANAGEMENT  
3564 AVALON BLVD. EAST SUITE #1-145  
ORLANDO, FL 32828 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: RODNEY D. COTTEN**

**02/29/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            FULTON, WILLIAM  
Address        C/O GOOD HELP MANAGEMENT  
                  3564 AVALON BLVD. EAST SUITE #1-145  
City-State-Zip: ORLANDO FL 32828

Title            VP, DIRECTOR  
Name            PEREZ, TERESA  
Address        C/O GOOD HELP MANAGEMENT  
                  3564 AVALON BLVD. EAST SUITE #1-145  
City-State-Zip: ORLANDO FL 32828

Title            TREASURER, DIRECTOR  
Name            SAMPSON, JEANIE  
Address        C/O GOOD HELP MANAGEMENT  
                  3564 AVALON BLVD. EAST SUITE #1-145  
City-State-Zip: ORLANDO FL 32828

Title            SECRETARY, DIRECTOR  
Name            BURNER, DEBI  
Address        C/O GOOD HELP MANAGEMENT  
                  3564 AVALON BLVD. EAST SUITE #1-145  
City-State-Zip: ORLANDO FL 32828

Title            DIRECTOR  
Name            CLOUCHETE, CASEY  
Address        C/O GOOD HELP MANAGEMENT  
                  3564 AVALON BLVD. EAST SUITE #1-145  
City-State-Zip: ORLANDO FL 32828

Title            DIRECTOR  
Name            FLORES, XIOMARA  
Address        C/O GOOD HELP MANAGEMENT  
                  3564 AVALON BLVD. EAST SUITE #1-145  
City-State-Zip: ORLANDO FL 32828

Title            DIRECTOR  
Name            AT LARGE, DIRECTOR  
Address        C/O GOOD HELP MANAGEMENT  
                  3564 AVALON BLVD. EAST SUITE #1-145  
City-State-Zip: ORLANDO FL 32828

*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: WILLIAM FULTON**

**PRESIDENT**

**02/29/2024**

