2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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 Name and Address of Current Registered Agent:

COTTEN, RODNEY DARNELL 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 04/04/2025

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title TREASURER, DIRECTOR

Name PEREZ, TERESA Name SAMPSON, JEANIE

Address C/O GOOD HELP MANAGEMENT Address C/O GOOD HELP MANAGEMENT

3564 AVALON BLVD. EAST SUITE #1-3564 AVALON BLVD. EAST SUITE #1-

City-State-Zip: ORLANDO FL 32828 City-State-Zip: ORLANDO FL 32828

Title SECRETARY, DIRECTOR Title VP, DIRECTOR

Name BURNER, DEBI Name CLOUCHETE, CASEY

Address C/O GOOD HELP MANAGEMENT Address C/O GOOD HELP MANAGEMENT

3564 AVALON BLVD. EAST SUITE #1-3564 AVALON BLVD. EAST SUITE #1-

ORLANDO FL 32828 ORLANDO FL 32828 City-State-Zip: City-State-Zip:

Title DIRECTOR Title DIRECTOR

FLORES, XIOMARA AT LARGE, DIRECTOR Name Name

C/O GOOD HELP MANAGEMENT C/O GOOD HELP MANAGEMENT Address Address

> 3564 AVALON BLVD. EAST SUITE #1-3564 AVALON BLVD. EAST SUITE #1-145

> > City-State-Zip:

ORLANDO FL 32828

ORLANDO FL 32828

Title DIRECTOR

GARRIDO, GEORGE Address C/O GOOD HELP MANAGEMENT

3564 AVALON BLVD. EAST SUITE #1-

145

City-State-Zip:

Name

ORLANDO FL 32828 City-State-Zip:

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.

04/04/2025 SIGNATURE: TERESA PEREZ **PRESIDENT**

FILED Apr 04, 2025 Secretary of State 0359415306CC

Certificate of Status Desired: No