2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2025
Secretary of State
0359415306CC

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:

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

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR	Title	TREASURER, DIRECTOR
Name	PEREZ, TERESA	Name	SAMPSON, JEANIE
Address	C/O GOOD HELP MANAGEMENT 3564 AVALON BLVD. EAST SUITE #1-145	Address	C/O GOOD HELP MANAGEMENT 3564 AVALON BLVD. EAST SUITE #1-145
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 3564 AVALON BLVD. EAST SUITE #1-145	Address	C/O GOOD HELP MANAGEMENT 3564 AVALON BLVD. EAST SUITE #1-145
City-State-Zip:	ORLANDO FL 32828	City-State-Zip:	ORLANDO FL 32828
Title	DIRECTOR	Title	DIRECTOR
Name	FLORES, XIOMARA	Name	AT LARGE, DIRECTOR
Address	C/O GOOD HELP MANAGEMENT 3564 AVALON BLVD. EAST SUITE #1-145	Address	C/O GOOD HELP MANAGEMENT 3564 AVALON BLVD. EAST SUITE #1-145
City-State-Zip:	ORLANDO FL 32828	City-State-Zip:	ORLANDO FL 32828
Title	DIRECTOR		
Name	GARRIDO, GEORGE		
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: TERESA PEREZ PRESIDENT 04/04/2025

Electronic Signature of Signing Officer/Director Detail Date