2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05457

Entity Name: CHICKASAW OAKS PHASE THREE HOMEOWNERS

ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

Current Mailing Address:

2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 US

FEI Number: 59-2588789 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

LONGWOOD FL 32779

SENTRY MANAGEMENT INC 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 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: JAMES W HART JR 11/23/2015

> Date Electronic Signature of Registered Agent

FILED

Nov 23, 2015

Secretary of State CC0326640513

Officer/Director Detail:

City-State-Zip:

Title PRESIDENT, DIRECTOR Title VP, DIRECTOR PEREZ, TERESA Name FULTON, BILL Name

2180 WEST SR 434 STE 5000 2180 WEST SR 434 STE 5000 Address Address LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779 City-State-Zip:

Title SECRETARY, DIRECTOR Title TREASURER, DIRECTOR

BURNER, DEBI Name Name SAMPSON, JEANIE

2180 WEST SR 434 STE 5000 Address Address 2180 WEST SR 434 STE 5000 City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR Title **DIRECTOR**

CARTWRIGHT, CARLA Name Name GAGNE, ESTELLE

2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000 Address

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

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.

11/23/2015 SIGNATURE: BILL FULTON **PRESIDENT**