## 2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

TREASURER, DIRECTOR

ORLANDO FL 32828

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 07/05/2023

> Date Electronic Signature of Registered Agent

**FILED** 

Jul 05, 2023

Secretary of State 9944903739CC

Officer/Director Detail :

Title

City-State-Zip:

Title PRESIDENT, DIRECTOR Title VP, DIRECTOR FULTON, WILLIAM PEREZ, TERESA 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-

> > Title

City-State-Zip:

ORLANDO FL 32828

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

SECRETARY, DIRECTOR

SAMPSON, JEANIE Name Name BURNER, DEBI

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

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

**DIRECTOR DIRECTOR** Title Title

CLOUCHETE, CASEY FLORES, XIOMARA Name Name

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 DIRECTOR

AT LARGE, DIRECTOR Name

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** 

07/05/2023

Electronic Signature of Signing Officer/Director Detail

Date