

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2002 8:00 am
Secretary of State

05-22-2002 90187 048 ****61.25

DOCUMENT # N07575

1. Entity Name

GARDEN OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1950 BLUEWATER BLVD.
NICEVILLE FL 32578
US

1950 BLUEWATER BLVD.
NICEVILLE FL 32578
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2792508

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKS, LORRETTA
55 BAY DR., #1102
NICEVILLE FL 32578

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP. ☒ Delete
NAME NEWBERRY, CARL
STREET ADDRESS 229 DOMINICA CIRCLE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE VICE PRES ☐ Change ☒ Addition
NAME MIKE ANKER
STREET ADDRESS 1729 WREN WAY
CITY-ST-ZIP NICEVILLE FL 32578

TITLE P ☒ Delete
NAME MORCOMB, WAYNE
STREET ADDRESS 55 BAY DRIVE #2201
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DAHL, DAVE
STREET ADDRESS 55 BAY DR #4202
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☒ Change ☐ Addition
NAME DIRECTOR
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BROOKS, LORETTA
STREET ADDRESS 55 BAY DR #1102
CITY-ST-ZIP NICEVILLE FL 32578

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Delete
NAME CARNAZZA, JANE
STREET ADDRESS 114 RAINBOW AVENUE
CITY-ST-ZIP FT BENNING GA 31905

TITLE SECRETARY ☐ Change ☒ Addition
NAME JANET FURBER
STREET ADDRESS 55 BAY DR #3204
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ~~FRSA~~ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer ☐ Change ☒ Addition
NAME Rich Sarnosky
STREET ADDRESS 55 BAY DR #5202
CITY-ST-ZIP NICEVILLE FL 32578

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)