2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State
01-12-2000 90011 008 ****61.25

DOCUMENT # 764130

1. Entity Name

GREEN ARBOR OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
99 4TH AVE #133 SHALIMAR FL 32579 US	P.O. BOX 1174 SHALIMAR FL 32579-5174 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
99 4TH Ave	
Suite, Apt. #, etc. #122	Suite, Apt. #, etc.
City & State SHALIMAR FL	City & State
Zip / Country 32579 / OKALOOSA	Zip / Country

4. FEI Number 59-2341711 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, KATHLEEN ET AL
305 MAIN STREET
DESTIN FL 32541

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EVANCKYK, MARIE 99 4TH AVE #122 SHALIMAR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVANCHYK, MARIE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LATHERN, BEN 99 4TH AVE #105 SHALIMAR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COTHERN, BEN	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEARD, JACKIE 99 4TH AVE #104 SHALIMAR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PURCELL, TOM 99 4TH AVE #133 SHALIMAR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HALANS, WILLIAM 99 4TH AVE #136 SHALIMAR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☒ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐

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: Jacqueline P. Heard JACQUELINE P HEARD 1/5/00 850-609-6082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #