4/28/01-90093-014-S

FILED
Jun 19, 2001 8:00 am
Secretary of State
04-28-2001 90093 014 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001579

1. Entity Name

CHIMNEY PINES HOMEOWNERS ASSOCIATION, INC.

LA

Principal Place of Business	Mailing Address
~~14 LAKESIDE DR.~~ PENSACOLA FL 32507	14 LAKESIDE DR. PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1255 Mahogany Mill Rd Suite, Apt. #, etc.	PO Box 12083 Suite, Apt. #, etc.
City & State: Pensacola	City & State: Pensacola
Zip: 32507 Country: ESCAMBIA	Zip: 32590 Country: ESCAMBIA

4. FEI Number — ☐ Applied For ☒ Not Applicable

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
PAIR, J.Z. 14 LAKESIDE DR. PENSACOLA FL 32507	Name: J.Z. PAIR Street Address (P.O. Box Number is Not Acceptable): 1255 MAHOGANY MILL Rd P.O. BOX 12083 City: Pensacola FL Zip Code: 32590

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	D PAIR, J.Z. ~~14 LAKESIDE DR.~~ PENSACOLA FL 32507	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	J. Z. PAIR P.O. BOX 12083 Pensacola FL. 32590	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAIR, MATTHEW J ~~14 LAKESIDE DR.~~ PENSACOLA FL 32507	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	MATTHEW PAIR P.O BOX 12083 Pensacola FL. 32590	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAIR, ELAINE S 14 LAKESIDE DR. PENSACOLA FL 32507	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 REQUIRED J.Z. PAIR 4-23-01 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

J.Z. PAIR