

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90033 027 ****61.25

DOCUMENT # N01000000073

1. Entity Name
**CHARTER OAK/DELLVIEW NEIGHBORHOOD
ASSOCIATION, INC.**



Principal Place of Business
**2125 CHARTER OAK DR.
TALLAHASSEE, FL 32303**

Mailing Address
**2125 CHARTER OAK DR.
TALLAHASSEE, FL 32303**

44008724



01062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3690654

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

**VICKERS, JUNE
2125 CHARTER OAK DR.
TALLAHASSEE, FL 32303**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **VICKERS, JUNE**
STREET ADDRESS **2125 CHARTER OAK DR.**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **D** ☐ Delete
NAME **KELLER, DEBORAH**
STREET ADDRESS **2125 CHARTER OAK DR.**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **D** ☒ Delete
NAME **MCDOWALL, RODDY**
STREET ADDRESS **2131 N DELLVIEW DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **P** ☒ Delete
NAME **COOK, BARBARA**
STREET ADDRESS **310 N. DELLVIEW DR.**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D/VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Judi Davison**
STREET ADDRESS **2105 East Dellview Drive**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **P** ☒ Change ☐ Addition
NAME **June Vickers**
STREET ADDRESS **2125 Charter Oak Dr.**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **S/T** ☐ Change ☒ Addition
NAME **Beverly Davis**
STREET ADDRESS **2131 Charter Oak Dr.**
CITY-ST-ZIP **Tallahassee, FL 32303**

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

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 #

June Vickers Director/Pres. 1/4/04 222-4891 (850)