FILE NOW: FILING FEE IS $61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

0008437

03-02-1999 90183 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13247

1. Corporation Name

GREEN OAKS OF CHAIRES HOMEOWNERS' ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
8846 GREEN ACORN LANE TALLAHASSEE FL 32311 US	8846 GREEN ACORN LANE TALLAHASSEE FL 32311 US

2. Principal Place of Business	2a. Mailing Address
21 8817 Green Oak Dr	26 8817 Green Oak Dr
Suite, Apt. #, etc. 22 Tallahassee, Fl	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Talla Lassee Fl
Zip 24 32311 Country 25 USA	Zip 29 32311 Country 30 USA

3. Date Incorporated or Qualifed: 01/30/1986

4. FEI Number: 59-3011035 — ☐ Applied For ☒ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PETERS, ANNETTE
8817 GREEB OAK DR
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Annette Peters Treasurer Annette Peters, Treasurer 1/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RIVERA, ORLANDO		1.2 NAME	
STREET ADDRESS	8829 GREEN ACORN LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BLASKO, BYRON		2.2 NAME	
STREET ADDRESS	8838 GREEN ACORN LN.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PETERS, ANNETTE		3.2 NAME	
STREET ADDRESS	8817 GREEN OAK DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311		3.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	F		4.2 NAME	
STREET ADDRESS	F		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLLAHASSEE FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Annette Peters SIGNATURE REQUIRED Annette Peters 1/20/99 850 671-3108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #