

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91202 001 ****61.25

DOCUMENT # N13247

1. Entity Name

**GREEN OAKS OF CHAIRES HOMEOWNERS' ASSOCIATION, I
 NC.**

Principal Place of Business

Mailing Address

**8817 GREEN OAK DR
 TALLAHASSEE FL 32311
 US**

**8817 GREEN OAK DR
 TALLAHASSEE FL 32311
 US**

80124300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8801 Green Oak Drive
 Suite, Apt. #, etc.

3. Mailing Address

8801 Green Oak Dr.
 Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee FL

4. FEI Number

59-3011035

Applied For

Not Applicable

Zip

32311

Country

USA

Zip

32317

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PETERS, ANNETTE
 8817 GREEB OAK DR
 TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name **Jenna Baird**

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

8801 Green Oak Drive

City **Tallahassee**

FL

Zip Code **32317**

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

Jenna Baird

5-30-02

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

TITLE **D** ☐ Delete
 NAME **UNGLAUB, KYLE**
 STREET ADDRESS **8816 GREEN OAK DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **SD** ☒ Delete **OK**
 NAME **BLASKO, BYRON**
 STREET ADDRESS **8838 GREEN ACORN LN.**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **T** ☒ Delete
 NAME **PETERS, ANNETTE**
 STREET ADDRESS **8817 GREEN OAK DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **C** ☐ Delete
 NAME **F**
 STREET ADDRESS **F**
 CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **T** ☒ Change ☐ Addition
 NAME **BAIRD, JENNA**
 STREET ADDRESS **8801 GREEN OAK DR**
 CITY-ST-ZIP **TALLAHASSEE, FL 32317**

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

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

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:

Jenna Baird
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-02

421-4751

Date

Daytime Phone #

CR2E037 (9/01)