

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90002 038 ****61.25

DOCUMENT # N13247

1. Entity Name

**GREEN OAKS OF CHAIRES HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business

**8801 GREEN OAK DRIVE
TALLAHASSEE FL 32317
US**

Mailing Address

**8801 GREEN OAK DRIVE
TALLAHASSEE FL 32317
US**

44013300



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3011035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAIRD, JENNA
8801 GREEN OAK DRIVE
TALLAHASSEE FL 32317**

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

SIGNATURE

Jenna Baird

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/3/04

**FILE NOW: 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 **UNGLAUB, KYLE**
STREET ADDRESS **8816 GREEN OAK DR**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

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

TITLE **T** ☐ Delete
NAME **BAIRD, JENNA**
STREET ADDRESS **8801 GREEN OAK DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32317**

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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

8/3/04

Date

850-421-4751

Daytime Phone #