2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# N13247

Entity Name: GREEN OAKS OF CHAIRES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8801 GREEN OAK DRIVE
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

Current Mailing Address:

8801 GREEN OAK DRIVE
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-3011035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	UNGLAUB, KYLE	
Address:	8816 GREEN OAK DR	
City-St-Zip:	TALLAHASSEE, FL 32311	
Title:	SD	( ) Delete
Name:	BLASKO, BYRON,	
Address:	8838 GREEN ACORN LN.	
City-St-Zip:	TALLAHASSEE, FL	
Title:	T	( ) Delete
Name:	BAIRD, JENNA	
Address:	8801 GREEN OAK DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32317	
Title:	C	( ) Delete
Name:	F,	
Address:	F	
City-St-Zip:	TALLLAHASSEE, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	HALSTEAD, JASON	
Address:	8814 GREEN ACORN LANE	
City-St-Zip:	TALLAHASSEE, FL 32311	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNA BAIRD T 04/04/2007

Electronic Signature of Signing Officer or Director — Date