

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90195 049 ****61.25

DOCUMENT # N13247

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

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 **59-3011035**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

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
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		
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:

SIGNATURE BEARDED

5/27/03 850-421-4751

CR2E037 (10/02)