

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27826

1. Entity Name

CHARDEE ACRES HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90018 046 ****61.25

Principal Place of Business BETTY A. HEDEMAN 6120 EVERGREEN PKWY CRESTVIEW FL 32529 US	Mailing Address BETTY A. HEDEMAN 6120 EVERGREEN PKWY CRESTVIEW FL 32539-9749 US
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2. Principal Place of Business Betty A. Hedeman Suite, Apt. #, etc. 6120 Evergreen Pky City & State Crestview, Fl. Zip 32539 Country Okaloosa	3. Mailing Address Betty A. Hedeman Suite, Apt. #, etc. 6120 Evergreen Pky City & State Crestview, Fl. Zip 32539 Country Okaloosa
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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2942164** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent HEDEMAN, BETTY 6120 EVERGREEN PKWY CRESTVIEW FL 32539	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Betty Hedeman 28 January 2000
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURT, THOMAS 9950 BANDERA DR NAVARRE FL 32566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input type="checkbox"/> Additor Dixie Corbett 3935 Chambray Rd., Crestview, Fl. 325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLAND, DEBORAH 5994 CHARDEE RD CRESTVIEW FL 32539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President <input type="checkbox"/> Change <input type="checkbox"/> Additor Betty Siggers 3925 Chambray Rd., Crestview, Fl., 325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HEDEMAN, BETTY 6120 EVERGREEN PKWY CRESTVIEW FL 32539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Additor Betty Hedeman 6120 Evergreen Pky, Crestview, Fl. 32
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor

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: Dixie Corbett 28 Jan. 2000 1-850-689-3482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #