

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N30660** ✓

1. Entity Name
GREEN ACRES SILVER OAK ASSN., INC.

Principal Place of Business Mailing Address
GREENACRES MOBILE ESTATES
3033 S MILITARY TRAIL
LAKE WORTH FL 33463

2. Principal Place of Business
LAKE WORTH

3. Mailing Address
3033 S MILITARY TRAIL

Suite, Apt. #, etc.
L53

Suite, Apt. #, etc.
L53

City & State

City & State

LAKE WORTH

Zip

Country

Zip

Country

FL 33463 PALM BEACH

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

AVU36221

6. Name and Address of Current Registered Agent

ROBERT ARNOLD
3033 S MILITARY TRAIL
L34
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name **JIM PANTON**
Street Address (P.O. Box Number is Not Acceptable)
3033 S MILITARY TRAIL
L53
City **LAKE WORTH** FL Zip Code **33463**

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  **JIM M PANTON PRESIDENT MARCH 15/01**
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 **PRESIDENT** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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 **PRESIDENT** ☒ Change ☐ Addition
NAME **JIM PANTON**
STREET ADDRESS **3033 S MILITARY TRAIL L53**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **ROCH DESCROSEILLIERS**
STREET ADDRESS **3033 S MILITARY TRAIL L58**
CITY-ST-ZIP **LAKE WORTH FL 33463**


TITLE **TREASURER** ☒ Change ☐ Addition
NAME **MARIE-CLAIRE CHALFOUX**
STREET ADDRESS **3033 S MILITARY TRAIL L58**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **EMILY LAWSON SECRETARY** ☒ Change ☐ Addition
NAME **EMILY LAWSON**
STREET ADDRESS **3033 S MILITARY TRAIL L55**
CITY-ST-ZIP **LAKE WORTH FL 33463**

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:  **JIM PANTON, PRESIDENT MARCH 14/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **561-642-9215**

CR2E037 (11/00)