

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 27, 2002 8:00 am  
Secretary of State

01-27-2002 90001 039 \*\*\*\*61.25

DOCUMENT # N96000005414

1. Entity Name

CHEVALIER SUBDIVISION PHASE 3 HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

510 EAST ZARAGOZA STREET  
PENSACOLA FL 32501

510 EAST ZARAGOZA STREET  
PENSACOLA FL 32501

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

59-3419896

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAUER, JEFFREY T  
510 EAST ZARAGOZA STREET  
PENSACOLA FL 32501

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VD EBERSON, JIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6053 FIREFLY DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE NAME	PD ADAMSON, JO	<input type="checkbox"/> Delete
STREET ADDRESS	6048 ELECTRA LANE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE NAME	SD RINKE, KENDRA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6004 FIREFLY DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE NAME	TD EDWARD, DENNIS	<input type="checkbox"/> Delete
STREET ADDRESS	4092 COBIA ST	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE NAME	MAL SEWARD, DAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6043 ELECTRA LANE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	Vice President Fred Striegle	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6055 Electra Ln	
CITY-ST-ZIP	Pensacola FL 32507	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Secretary Tom Kinnear	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6033 Electra Ln	
CITY-ST-ZIP	Pensacola FL 32507	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	MAL Harry Page	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5133 Grunwald Dr	
CITY-ST-ZIP	Pensacola FL 32507	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02

497-1911

Date

Daytime Phone #

CR2E037 (9/01)