

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90772 013 ****61.25

DOCUMENT # N96000005414

1. Entity Name

CHEVALIER SUBDIVISION PHASE 3 HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**510 EAST ZARAGOZA STREET
PENSACOLA FL 32501**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES



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

JO ADAMSON

Street Address (P.O. Box Number is Not Acceptable)

6048 ELECTRA LANE

City

PENSACOLA

FL

Zip Code

32507

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **STEALE, FRED**
STREET ADDRESS **6058 ELECTRA LANE**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **ADAMSON, JO**
STREET ADDRESS **6048 ELECTRA LANE**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **KINNEAR, TOM**
STREET ADDRESS **6055 ELECTRIC LANE**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☒ Change ☐ Addition
NAME **KINNEAR, TOM**
STREET ADDRESS **6033 ELECTRA LANE**
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **TD** ☒ Delete
NAME **EDWARD, DENNIS**
STREET ADDRESS **4092 COBIA ST**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Change ☒ Addition
NAME **KEEFE, MARK**
STREET ADDRESS **6035 ELECTRA LANE**
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **MD** ☐ Delete
NAME **PAYE, HARRY**
STREET ADDRESS **5133 GRANDMA DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☒ Change ☐ Addition
NAME **PAGE, HARRY**
STREET ADDRESS **5133 GRUMANN DR**
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **NICKEL, NANCY**
STREET ADDRESS **5138 GRUMANN**
CITY-ST-ZIP **PENSACOLA, FL 32507**

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 OF JO ADAMSON**

4/28/03 (850) 492-0728

CR2E037 (10/02)