

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000003324**

1. Entity Name

WARRINGTON COMMUNITY HOMEOWNERS ASSOCIATION AND -**FILED**
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90276 038 *****70.00

Principal Place of Business

Mailing Address

GOOD HOPE AME CHURCH
PENSACOLA FL 32507**PO BOX 16318**
PENSACOLA FL 32507**723913**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JONES, RAYMOND
405 SEAMARGE LANE
PENSACOLA FL 32507

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 \$61.259. 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 | STREET ADDRESS | CITY-ST-ZIP | DELETE | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE | ADDITION |
|-------|--------------------|---------------------|--------------------|-------------------------------------|-------|---------------|-----------------------|---------------------|-------------------------------------|--------------------------|
| DP | GRIFFEN, CHARLES R | 738 GULF BEACH HWY. | PENSACOLA FL 32507 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| DV | MOSLEY, CLARENCE | 27 LINCOLN RD. | PENSACOLA FL 32507 | <input checked="" type="checkbox"/> | DV | MERCY, HENRY | 112 N. MERRITT STREET | PENSACOLA, FL 32507 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| DS | JONES, MABEL | 405 SEAMARGE LANE | PENSACOLA FL 32507 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| DT | TAUBODO, KATHANA | 1008 HAWTHORNE DR. | PENSACOLA FL 32507 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| DS | MERCY, JAUNITA | 112 N. MERRITT ST. | PENSACOLA FL 32507 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | ALTMAN, HANNA | 305 BRIGADIER ST. | PENSACOLA FL 32507 | <input checked="" type="checkbox"/> | D | WHITE, ERNEST | 542 PAULA AVENUE | PENSACOLA, FL 32507 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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: *Charles R. Griffen* CHARLES R. GRIFFEN

02/26/'01 850-457-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)