

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003324

1. Entity Name

**WARRINGTON COMMUNITY HOMEOWNERS ASSOCIATION AND  
NEIGHBORHOOD WATCH INC.**

Principal Place of Business

Mailing Address

**GOOD HOPE AME CHURCH  
PENSACOLA FL 32507**

**PO BOX 16318  
PENSACOLA FL 32507**

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

**NOT APPLICABLE**

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

**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 \$61.25**

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 **DP** ☐ Delete  
NAME **GRIFFEN, CHARLES R**  
STREET ADDRESS **738 GULF BEACH HWY.**  
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **DV** ☐ Delete  
NAME **MERCY, HENRY**  
STREET ADDRESS **112 N. MERRITT STREET**  
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **DS** ☐ Delete  
NAME **JONES, MABEL**  
STREET ADDRESS **405 SEAMARGE LANE**  
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **DT** ☒ Delete  
NAME **TAUBODO, KATHANA**  
STREET ADDRESS **1008 HAWTHORNE DR.**  
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **DS** ☐ Delete  
NAME **MERCY, JAUNITA**  
STREET ADDRESS **112 N. MERRITT ST.**  
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **D** ☐ Delete  
NAME **WHITE, ERNEST**  
STREET ADDRESS **542 PAULA AVENUE**  
CITY-ST-ZIP **PENSACOLA FL 32507**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **DT**  
STREET ADDRESS **TOOKES, ANNIE M.**  
CITY-ST-ZIP **27 WASHINGTON STREET  
PENSACOLA FL 32507**

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: CHARLES R. GRIFFEN January 24, 2002 850/457/3500

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90130 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE