

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739558

FILED
Apr 24, 2006
Secretary of State

Entity Name: COMMONWEALTH MOBILE HOME OWNERS CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

5250 ORANGE AVE
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

RENKENBERGER, CAROL
729 SHELDON CIRCLE
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 23-7408712 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LUCKHURST, DORIS
730 CINDY CIRCLE
PORT ORANGE, FL 321275512 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARNHART, PHYLLIS
Address: 5416 ISABELLE AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: V () Delete
Name: PATEE, RENA
Address: 717 SHELDON CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete
Name: LUCKHURST, DORIS
Address: 730 CINDY CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: T () Delete
Name: RENKENBERGER, CAROL A
Address: 729 SHELDON CIRCLE
City-St-Zip: PT ORANGE, FL 32127

Title: D () Delete
Name: MCSPARRIN, PAULINE
Address: 725 BARLOW CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: TRIPP, DORIS
Address: 5424 ISABELLE AVENUE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL RENKENBERGER

T

04/24/2006

Electronic Signature of Signing Officer or Director

Date