2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739558

FILED Apr 12, 2007 Secretary of State

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

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
5250 ORAN PORT OR <i>A</i>	NGE AVE ANGE, FL 32127	7 US				
Current Mailing Address:			New Maili	New Mailing Address:		
729 SHELD	ERGER, CAROL DON CIRCLE ANGE, FL 32127					
FEI Number:	23-7408712	FEI Number Applied For()	FEI Number Not App	licable () Certificate of St	atus Desired ()	
Name and	Address of Cui	rrent Registered Agent:	Name and	Address of New Registere	d Agent:	
730 CINDY PORT OR <i>F</i>	ANGE, FL 32127		729 SHELI PORT OR	RENKENBERGER, CAROL 729 SHELDON CIRCLE PORT ORANGE, FL 321275512 US of changing its registered office or registered agent, or both,		
in the State		omits this statement for the po	irpose or changing	its registered office of register	ed agent, or both,	
SIGNATUR	RE: CAROL REI	NKENBERGER		04/12/20	007	
	Electronic	Signature of Registered Ager	nt	Date		
OFFICERS	AND DIRECTO	ORS:	ADDITION	NS/CHANGES TO OFFICERS	AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () De BARNHART, PHYL 5416 ISABELLE A PORT ORANGE, F	.LIS VE	Title: Name: Address: City-St-Zip:	()Change ()Addit	ion	
Title: Name: Address: City-St-Zip:	V () De PATEE, RENA 717 SHELDON CII PORT ORANGE, F	RCLE	Title: Name: Address: City-St-Zip:	V (X) Change () Addit CRISP, RICK 5219 ORANGE AVE PORT ORANGE, FL 32127	ion	
Title: Name: Address: City-St-Zip:	S () DE LUCKHURST, DOF 730 CINDY CIRCL PORT ORANGE, F	RIS .E	Title: Name: Address: City-St-Zip:	S (X) Change () Addit WHITE, MARIE 5235 ORANGE AVE PORT ORANGE, FL 32127	ion	
Title: Name: Address: City-St-Zip:	T () De RENKENBERGER 729 SHELDON CII PT ORANGE, FL	, CAROL A RCLE	Title: Name: Address: City-St-Zip:	()Change ()Addit	ion	
Title: Name: Address: City-St-Zip:	D () De MCSPARRIN, PAU 725 BARLOW CIR PORT ORANGE, F	JLINE CCLE	Title: Name: Address: City-St-Zip:	D (X) Change () Addit WOOD, FREDA 5407 ORANGE AVE PORT ORANGE, FL 32127	ion	
Title: Name: Address: City-St-Zip:	D () De TRIPP, DORIS 5424 ISABELLE A PORT ORANGE, F	VENUE	Title: Name: Address: City-St-Zip:	D (X) Change () Addit TRIPP, LESLIE 5424 ISABELLE AVENUE PORT ORANGE, FL 32127	ion	

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 04/12/2007