

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739558

FILED  
Apr 05, 2008  
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:**

RENKENBERGER, CAROL  
729 SHELDON 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: CRISP, RICK  
Address: 5219 ORANGE AVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: S ( ) Delete  
Name: WHITE, MARIE  
Address: 5235 ORANGE AVE  
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: WOOD, FREDA  
Address: 5407 ORANGE AVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: TRIPP, LESLIE  
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: V (X) Change ( ) Addition  
Name: SIMMONS, JEAN  
Address: 5248 PINELAND AVE  
City-St-Zip: PORT ORANGE, FL 32127

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  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date