


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90031 026 ***158.75

DOCUMENT # G94999			
1. Entity Name CHULAVISTA MOBILE HOME PARK OWNERS ASSOCIATION, INC.			
Principal Place of Business 1702 GULF CITY ROAD, LOT 279A RUSKIN FL 33570-2723 US		Mailing Address 1702 GULF CITY ROAD, LOT 279A LOT 240 RUSKIN FL 33570-2723 US	
2. Principal Place of Business 1702 GULF CITY ROAD Suite, Apt. #, etc. LOT # 279A City & State RUSKIN, FL Zip 33570 Country US		3. Mailing Address 1702 GULF CITY ROAD Suite, Apt. #, etc. LOT # 279A City & State RUSKIN, FL Zip 33570 Country US	
6. Name and Address of Current Registered Agent DOMBER, HARLAN R 3900 CLARK ROAD, SUITE L-1 SARASOTA FL 34233		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
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 \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing - \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUGER, ED 1702 GULF CITY ROAD, LOT 354 RUSKIN FL 33570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLOCK, ROGER 1702 GULF CITY ROAD, LOT 267 RUSKIN FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HENRY SHERBURNE 1701 GULF CITY ROAD LOT 33 RUSKIN, FL 33570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHANEY, BETTY 1702 GULF CITY ROAD LOT 327 RUSKIN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANEY, LARRY 1702 GULF CITY ROAD LOT 235 RUSKIN FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOB SARCHETT 1702 GULF CITY ROAD LOT 333 RUSKIN, FL 33570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECKMAN, CLYDE 1702 GULF CITY ROAD LOT 279 A RUSKIN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, PAUL 1701 GULF CITY ROAD LOT 46 RUSKIN FL 33478 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT WAYNE TESTER 1702 GULF CITY ROAD LOT 276 RUSKIN, FL 33570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: Clyde Eckman **3/38/05** **(813) 641-2689**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #