

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90006 023 \*\*\*150.00

**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 US

Mailing Address  
1702 GULF CITY ROAD, LOT 279A  
RUSKIN, FL 33570 US



2. Principal Place of Business  
*1701 Gulf City Rd.*  
Suite, Apt. #, etc.  
*Lot # 33*

3. Mailing Address  
*1701 Gulf City Rd*  
Suite, Apt. #, etc.  
*Lot # 33*

City & State  
*Ruskin FL*  
Zip  
*33570* Country  
*US*

City & State  
*Ruskin FL*  
Zip  
*33570* Country  
*US*

01142006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2508425** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUGER, ED	
STREET ADDRESS	1702 GULF CITY ROAD, LOT 354	
CITY-ST-ZIP	RUSKIN, FL 33570	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERBURNE, HENRY	
STREET ADDRESS	1701 GULF CITY ROAD LOT 33	
CITY-ST-ZIP	RUSKIN, FL 33570	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CHANEY, BETTY	
STREET ADDRESS	1702 GULF CITY ROAD LOT 327	
CITY-ST-ZIP	RUSKIN, FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SARCHETT, BOB	
STREET ADDRESS	1701 GULF CITY ROAD LOT 333	
CITY-ST-ZIP	RUSKIN, FL 33570	
TITLE	P	<input type="checkbox"/> Delete
NAME	ECKMAN, CLYDE	
STREET ADDRESS	1702 GULF CITY ROAD LOT 279 A	
CITY-ST-ZIP	RUSKIN, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	TESTER, WAYNE	
STREET ADDRESS	1702 GULF CITY ROAD LOT 276	
CITY-ST-ZIP	RUSKIN, FL 33570	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Bernard Woods</i>	
STREET ADDRESS	<i>1702 Gulf City Rd Lot # 305</i>	
CITY-ST-ZIP	<i>Ruskin FL 33570</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Harold Wonderly</i>	
STREET ADDRESS	<i>1702 Gulf City Rd. Lot # 288</i>	
CITY-ST-ZIP	<i>Ruskin FL 33570</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Henry E. Sherburne Pres* 4/3/06 813-641-1509  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #