2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2010
Secretary of State

DOCUMENT# G94999

Entity Name: CHULAVISTA MOBILE HOME PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1690 MOONRAKER DR.
RUSKIN, FL 33570 US

New Principal Place of Business:

Current Mailing Address:

1690 MOONRAKER DR.
RUSKIN, FL 33570 US

New Mailing Address:

FEI Number: 59-2508425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOMBER, HARLAN R
3900 CLARK ROAD, SUITE L-1
SARASOTA, FL 34233 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S
Name: JANSSEN, SUE
Address: 1706 GANGWAY LOOP
City-St-Zip: RUSKIN, FL 33570

Title: P
Name: ECKMAN, CLYDE
Address: 1690 MOONRAKER DR.
City-St-Zip: RUSKIN, FL 33570

Title: D
Name: STUMPFE, CHUCK
Address: 1725 GANGWAY LOOP
City-St-Zip: RUSKIN, FL 33570

Title: D
Name: FLYNN, JIM
Address: 1646 WHEELHOUSE
City-St-Zip: RUSKIN, FL 33570

Title: VP
Name: HAMMER, ROBERT
Address: 1681 MOONRAKER
City-St-Zip: RUSKIN, FL 33570

Title: D
Name: GODDARD, ROBERT J
Address: 1705 WHEELHOUSE CIRCLE
City-St-Zip: RUSKIN, FL 33570

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLYDE ECKMAN PRES 03/23/2010

Electronic Signature of Signing Officer or Director Date