

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G94999

FILED
Mar 15, 2012
Secretary of State

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

OFFICERS AND DIRECTORS:

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

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

Title: P
Name: MC CALLISTER, JIM
Address: 1646 MOONRAKER DR.
City-St-Zip: RUSKIN, FL 33570

Title: D
Name: VAN ALISTINE, SHARON
Address: 1678 MOONRAKER DR.
City-St-Zip: RUSKIN, FL 33570

Title: D
Name: JOYCE, TUBERGEN
Address: 2513 TURTLEBACK WY
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

VP

03/15/2012

Electronic Signature of Signing Officer or Director

Date