

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N02007 (5)**

1. Corporation Name

**CHATEAU FOREST MOBILE HOME OWNERS ASSOCIATION, I NC.**



Principal Place of Business: C/O ETHEL K. PETERS, SECRETARY, 604 N. KINGSWAY ROAD LOT 89, SEFFNER FL 33584  
Mailing Address: C/O ETHEL K. PETERS, SECRETARY, 604 N. KINGSWAY ROAD LOT 89, SEFFNER FL 33584

3. Date Incorporated or Qualified: **03/16/1984**  
3a. Date of Last Report: **04/18/1995**  
4. FEI Number: **NOT APPLICABLE**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 SAME AS ABOVE**  
2a. Mailing Address: **26 SAME AS ABOVE**  
22. City & State: **27**  
23. Zip: **28**  
24. Country: **25 HILLSBORO**  
29. Country: **30 HILLSBORO**

9. Name and Address of Current Registered Agent: **DOUCETTE, LARRY, 604 N. KINGSWAY RD. #60, SEFFNER FL 33584**  
10. Name and Address of New Registered Agent: **81 Name: Winchell Smith, Sr. 82 Street Address (P.O. Box Number is Not Acceptable): 604 N. Kingsways Road #17. 83 Seffner, Fl. 84 City: 33584. 85 Zip Code: FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Winchell Smith, Sr.* **Winchell Smith, Sr. Pres.** DATE: **4/03/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b>	NAME: <b>DOUCETTE, LARRY</b>	1.1 TITLE: <b>President</b>	1.2 NAME: <b>Doris Yingst</b>
STREET ADDRESS: <b>604 N. KINGSWAY RD. #60</b>	CITY-ST-ZIP: <b>SEFFNER FL 33584</b>	1.3 STREET ADDRESS: <b>604 N. Kingsway Rd. #55</b>	1.4 CITY-ST-ZIP: <b>Seffner, Fl. 33584</b>
TITLE: <b>VP</b>	NAME: <b>SMITH, WINCHELL SR.</b>	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: <b>604 N. KINGSWAY RD. #17</b>	CITY-ST-ZIP: <b>SEFFNER FL 33584</b>	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: <b>ST</b>	NAME: <b>PETERS, ETHEL K</b>	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: <b>604 N. KINGSWAY RD. #89</b>	CITY-ST-ZIP: <b>SEFFNER FL 33584</b>	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: <b>D</b>	NAME: <b>WALTERS, ROBERT</b>	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: <b>604 N. KINGSWAY RD. #18</b>	CITY-ST-ZIP: <b>SEFFNER FL 33584</b>	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: <b>D</b>	NAME: <b>CHURCH, CLARENCE</b>	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: <b>604 N. KINGSWAY RD. #78</b>	CITY-ST-ZIP: <b>SEFFNER FL 33584</b>	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: <b>D</b>	NAME: <b>COKE, CECIL</b>	6.1 TITLE:	6.2 NAME:
STREET ADDRESS: <b>604 N. KINGSWAY RD. #1</b>	CITY-ST-ZIP: <b>SEFFNER FL 33584</b>	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ethel K. Peters, Sec/Treas.* DATE: **4/8/96** DAYTIME PHONE: **813 533-0372**

CR2E037 (12/95)