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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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, INC.



Principal Place of Business

Mailing Address

C/O ETHEL K. PETERS, SECRETARY
~~604 N. KINGSWAY ROAD LOT 00~~
SEFFNER FL 33584

C/O ETHEL K. PETERS, SECRETARY
~~604 N. KINGSWAY ROAD LOT 00~~
SEFFNER FL 33584-3673

3. Date Incorporated or Qualified 03/16/1984
3a. Date of Last Report 04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 c/o Ethel K. Peters, Sec
State, Apt. #, etc.

26 Ethel K. Peters, Sec.
State, Apt. #, etc.

4. FEI Number NOT APPLICABLE
Applied For Not Applicable

22 637 Auxerre Circle
City & State

27 637 Auxerre Circle
City & State

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

23 Seffner, Fl
Zip Country

28 Seffner, Fl
Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33584 25 Hillsboro

29 33584 30 Hillsboro

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, WINCHELL SR.
~~604 N. KINGSWAY RD. #17~~
SEFFNER FL 33584

81 Name Winchell Smith, Sr.
82 Street Address (P.O. Box Number is Not Acceptable) 521 De Resine Carre
83
84 City Seffner, Fla. 33584
FL 85 Zip Code

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. DATE: 2/3/97
813-654-4702

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	YINGST, DORIS	
STREET ADDRESS	604 N. KINGSWAY RD. #55	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, WINCHELL SR.	
STREET ADDRESS	604 N. KINGSWAY RD. #17	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	PETERS, ETHEL K	
STREET ADDRESS	604 N. KINGSWAY RD. #89	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALTERS, ROBERT	
STREET ADDRESS	604 N. KINGSWAY RD. #18	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHURCH, CLARENCE	
STREET ADDRESS	604 N. KINGSWAY RD. #78	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COKE, CECIL	
STREET ADDRESS	604 N. KINGSWAY RD. #1	
CITY-ST-ZIP	SEFFNER FL 33584	

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Yingst, Doris	
13 STREET ADDRESS		33584
14 CITY-ST-ZIP	608 De Resine Carre, Seffner Fl	
21 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Winchell Smith, Sr.	
23 STREET ADDRESS	521 De Resine Carre	
24 CITY-ST-ZIP	Seffner, Fl. 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Ethel K. Peters	
33 STREET ADDRESS	637 Auxerre Circle	
34 CITY-ST-ZIP	Seffner, Fla. 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Robert Walters	
43 STREET ADDRESS	519 Des Resine Carre	
44 CITY-ST-ZIP	Seffner, Fl. 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Clarence Church	
53 STREET ADDRESS	603 Clairvaux Rue	
54 CITY-ST-ZIP	Seffner, Fl. 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Cecil Coke	
63 STREET ADDRESS	102 Chateau Rue	
64 CITY-ST-ZIP	Seffner, Fl. 33584	

14. I do 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 included 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-6530372
Date Daytime Phone # 0046605

CR2E037 (9/96)