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0065878

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N02007

1. Corporation Name

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

Principal Place of Business

C/O WINCHELL SMITH SR
 521 DERESINE CARRE
 SEFFNER FL 33584
 US

Mailing Address

C/O WINCHELL SMITH SR
 521 DERESINE CARRE
 SEFFNER FL 33584
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

03/16/1984

4. FEI Number

NOT APPLICABLE

Applied For

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

9. Name and Address of Current Registered Agent

SMITH, WINCHELL S
 521 DE RESINE CARRE
 SEFFNER FL 33584

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, WINCHELL S	
STREET ADDRESS	521 DE RESINE CARRE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALLEN, RAY	
STREET ADDRESS	516 DE RESINE CARRE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SEWELL, DON	
STREET ADDRESS	625 AUXERRE CT	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	S	<input type="checkbox"/> DELETE
NAME	YINGST, DORIS	
STREET ADDRESS	608 DE RESINE CARRE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAAFFE, DICK	
STREET ADDRESS	610 DE RESINE CARRE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COKE, CECIL	
STREET ADDRESS	102 CHATEAU RUE	
CITY-ST-ZIP	SEFFNER FL 33584	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T BURMEISTER, STANLEY
3.3 STREET ADDRESS	605 CLAIRVAUX RUE
3.4 CITY-ST-ZIP	SEFFNER, FL. 33584
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 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, with all other like empowered.

SIGNATURE: Winchell Smith DATE: 1-18-99 PHONE: 813-654-4702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)