

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90026 016 ****70.00

DOCUMENT # N02007

1. Entity Name

CHATEAU FOREST MOBILE HOME OWNERS ASSOCIATION, I

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, WINCHELL S
521 DE RESINE CARRE
SEFFNER FL 33584

Name

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

City

FL

Zip Code

8. 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 type="checkbox"/> Delete
NAME	BURMEISTER, STANLEY	
STREET ADDRESS	605 CLAIRVAUX RUE	
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 checked="" type="checkbox"/> Delete
NAME	COKE, CECIL	
STREET ADDRESS	102 CHATEAU RUE	
CITY-ST-ZIP	SEFFNER FL 33584	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John S. Hibberd	
STREET ADDRESS	611 Auxerre Cr.	
CITY-ST-ZIP	Seffner FL 33584	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Winchell Smith Sr.

1-30-2000

813-654-4702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)