

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

0092631

DOCUMENT # N02007

1. Entity Name

CHATEAU FOREST MOBILE HOME OWNERS ASSOCIATION, I

04-30-2001 90359 036 ****70.00

Principal Place of Business

Mailing Address

C/O WINCHELL SMITH SR D. L. YINGST C/O WINCHELL SMITH SR D. L. YINGST
 521 DERESINE CARRE 608 DE RESINE 521 DERESINE CARRE 608 DE RESINE CARRE
 SEFFNER FL 33584 SEFFNER FL 33584 SEFFNER 33584
 US SEFFNER FL 33584 US

LUUJ4100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

608 DE RESINE CARRE 608 DE RESINE CARRE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SEFFNER FL

SEFFNER FL

City & State

City & State

33584

335

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

33584

HILLSBOROUGH

Zip

Country

33584

HILLSBOROUGH

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

D. L. YINGST

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

608 DE RESINE CARRE

City

SEFFNER

FL

Zip Code

33584

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 DORIS L Y

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. THIS IS INCORRECT OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HIBBERD, JOHN'S RAY ALLEN	
STREET ADDRESS	611 AUXERRE CR	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, RAY DOLORES DECOURSEY	
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 JACK HIBBERD	
STREET ADDRESS	610 DE RESINE CARRE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> Delete
NAME	COKE, CECIL MARGE RUSHON	
STREET ADDRESS	102 CHATEAU RUE	
CITY-ST-ZIP	SEFFNER FL 33584	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORIS L YINGST	
STREET ADDRESS	608 DE RESINE CARRE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLORES DECOURSEY	
STREET ADDRESS	607 DE RESINE CARRE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAN BURMEISTER	
STREET ADDRESS	605 CLAIRVAUX RUE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBBIE DUROBER	
STREET ADDRESS	638 AUXERE CIRCLE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	JACK HIBBERD - BOARD MEMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK HIBBERD - BOARD MEMBER	
STREET ADDRESS	611 AUXERE CIRCLE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGE RUSHON	
STREET ADDRESS	604 DE RESINE CARRE	
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: Doris L Yingst

4/19/01

813-654-9635

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)