

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91129 009 ****70.00

DOCUMENT # N02007

1. Entity Name

CHATEAU FOREST MOBILE HOME OWNERS ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

C/O D. L. YINGST
 608 DE RESINE CARRE
 SEFFNER FL 33584
 US

C/O D. L. YINGST
 608 DE RESINE 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YINGST, D. L.
608 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

Doris L Yingst

Signature, typed or printed name of registered agent and title, 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	YINGST, DORIS L	
STREET ADDRESS	608 DE RESINE CARRE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DE COURSEY, DOLORES	
STREET ADDRESS	607 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 checked="" type="checkbox"/> Delete
NAME	YINGST, DORIS	
STREET ADDRESS	608 DE RESINE CARRE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIBBERD, JACK	
STREET ADDRESS	611 AUXERE CIRCLE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSHTON, MARGE	
STREET ADDRESS	604 DE RESINE CARRE	
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBRA DUROCHER	
STREET ADDRESS	AUXERE CIRCLE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLEEN BYRD	
STREET ADDRESS	DE RESINE CARRE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTH SHEANE	
STREET ADDRESS	107 CHATEAU RUE	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)