

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90058 020 ****61.25



DOCUMENT # N02007

1. Entity Name

CHATEAU FOREST MOBILE HOME OWNERS ASSOCIATION, INC.

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

J404J0J1



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T 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

c/o
 D. Sewell
 652 AUXERRE Cir.
 Seffner, FL 33584

Name *Diana Sewell*

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

City *Tampa*

FL

Zip Code *33604*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Diana Sewell - Treasurer*
 DIANA SEWELL

Signature of individual named as registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	YINGST, DORIS L	
STREET ADDRESS	608 DE RESINE CARRE	
CITY - ST - ZIP	SEFFNER FL 33584	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DE COURSEY, DOLORES	
STREET ADDRESS	607 DE RESINE CARRE	
CITY - ST - ZIP	SEFFNER FL 33584	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SEWELL, DON	
STREET ADDRESS	652 AUXERE CIRCLE	
CITY - ST - ZIP	SEFFNER FL 33584	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JONES, DON	
STREET ADDRESS	614 CLAIRVAUX RUE	
CITY - ST - ZIP	SEFFNER FL 33584	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BYRD, COLLEEN	
STREET ADDRESS	534 DE RESINE CARRE	
CITY - ST - ZIP	SEFFNER FL 33584	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUSHTON, MARGE	
STREET ADDRESS	604 DE RESINE CARRE	
CITY - ST - ZIP	SEFFNER FL 33584	

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA Griffen	
STREET ADDRESS	632 AUXERRE Circle	
CITY - ST - ZIP	Seffner FL 33584	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kerry Baxter	
STREET ADDRESS	610 De Resine Carre	
CITY - ST - ZIP	Seffner FL 33584	
TITLE	Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pat Jenkins	
STREET ADDRESS	630 Auxerre Cir	
CITY - ST - ZIP	Seffner, FL 33584	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANA Sewell	
STREET ADDRESS	652 AUXERRE CIRCLE	
CITY - ST - ZIP	Seffner, FL 33584	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dean Griffin	
STREET ADDRESS	632 Auxerre Circle	
CITY - ST - ZIP	Seffner, FL 33584	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Colleen Byrd	
STREET ADDRESS	534 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 11 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE: *Linda Griffen - Linda Griffen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-657-2539

813-655-6676