

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90098 009 ****70.00

DOCUMENT # N02007
 1. Entity Name
CHATEAU FOREST MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 C/O D. SEWELL 652 AUPERRE CIRCLE SEFFNER FL 33584 US
 C/O D. SEWELL 652 AUPERRE CIRCLE SEFFNER FL 33584 US

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1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
c/o D. Spurway c/o D. Spurway
 Suite, Apt. #, etc. Suite, Apt. #, etc.
639 Auxerre Cir. 639 Auxerre Circle

City & State City & State
Seffner, Fl. Seffner, Fl.

Zip Country Zip Country
33584 U.S. Hills bough 33584 U.S.

4. FEI Number Applied For
 NO-T-APPLICABLE Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SEWELL, DIANA
652 AURERRA CIRCLE
SEFFNER FL 33584

7. Name and Address of New Registered Agent
 Name: *Doretta Spurway*
 Street Address (P.O. Box Number is Not Acceptable): *639 Auxerre Circle*
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Doretta Spurway - President - Heather Spurway 3-15-05*
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
Due By May 1, 2005

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, LINDA 632 AURERRA CIRCLE SEFFNER FL 33584 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAXTER, TERRY 610 DE RESINA CARRE SEFFNER FL 33584 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENKINS, PAT 630 AURERRA CIR SEFFNER FL 33584 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEWELL, DIANA 652 AURERRA CIRCLE SEFFNER FL 33584 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, DEAN 632 AURERRA CIRCLE SEFFNER FL 33584 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, COLLEEN 534 DEHISME COVE SEFFNER FL 33584 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Doretta Spurway 639 Auxerre Cir. Seffner, Fl. 33584 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.Pres. Patricia Peart 648 Auxerre Circle Seffner, Fl. 33584 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Marguerite Blair 550-De-Resine-Carre Seffner, Fl. 33584 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres. Doris YingsT 608 De Resine Carre Seffner, Fl. 33584 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Donald Marak 104 Chateau Rue Seffner, Fl. 33584 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Patricia Trudette 106 Chateau Rue Seffner, Fl. 33584 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Heather Spurway Doretta Spurway* 813-571-1371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3-15-05 Phone #