# 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

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1st MOORE CR2E037 (10/04)

DOCUMENT # N02007

1. Entity Name

CHATEAU FOREST MOBILE HOME OWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O D. SEWELL<br>652 AUXERRE CIRCLE<br>SEFFNER FL 33584<br>US | C/O D. SEWELL<br>652 AUXERRE CIRCLE<br>SEFFNER FL 33584<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| c/o D. SpurwAY | c/o D. SpurwAY |
| Suite, Apt. #, etc. 639 Auxerre Cir. | Suite, Apt. #, etc. 639 Auxerre Circle |
| City & State Seffner, Fl. | City & State Seffner, Fl. |
| Zip 33584 Country U.S. Hillsbough | Zip 33584 Country U.S. |

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 |
|---|---|
| SEWELL, DIANA<br>652 AURERRA CIRCLE<br>SEFFNER FL 33584 | Name: DoreTTa SpurwAY<br>Street Address (P.O. Box Number is Not Acceptable): 639 Auxerre Circle<br>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 - Doretta 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE P<br>NAME GRIFFIN, LINDA<br>STREET ADDRESS 632 AURERRA CIRCLE<br>CITY-ST-ZIP SEFFNER FL 33584 | ☑ Delete | TITLE Pres.<br>NAME DoreTTa SpurwAY<br>STREET ADDRESS 639 Auxerre Cir.<br>CITY-ST-ZIP Seffner, Fl. 33584 | ☑ Change ☐ Addition |
| TITLE VP<br>NAME BAXTER, TERRY<br>STREET ADDRESS 610 DE RESINA CARRE<br>CITY-ST-ZIP SEFFNER FL 33584 | ☑ Delete | TITLE V.Pres.<br>NAME PaTricia PearT<br>STREET ADDRESS 648 Auxerre Circle<br>CITY-ST-ZIP Seffner, Fl. 33584 | ☑ Change ☐ Addition |
| TITLE S<br>NAME JENKINS, PAT<br>STREET ADDRESS 630 AURERRA CIR<br>CITY-ST-ZIP SEFFNER FL 33584 | ☑ Delete | TITLE Sec.<br>NAME Marguerite Blair<br>STREET ADDRESS 550 De Resine Carre<br>CITY-ST-ZIP Seffner, Fl. 33584 | ☑ Change ☐ Addition |
| TITLE T<br>NAME SEWELL, DIANA<br>STREET ADDRESS 652 AURERRA CIRCLE<br>CITY-ST-ZIP SEFFNER FL 33584 | ☑ Delete | TITLE Tres.<br>NAME Doris YingsT<br>STREET ADDRESS 608 De Resine Carre<br>CITY-ST-ZIP Seffner, Fl. 33584 | ☑ Change ☐ Addition |
| TITLE D<br>NAME GRIFFIN, DEAN<br>STREET ADDRESS 632 AURERRA CIRCLE<br>CITY-ST-ZIP SEFFNER FL 33584 | ☑ Delete | TITLE Board<br>NAME DoNald MaraK<br>STREET ADDRESS 104 ChaTeau Rue<br>CITY-ST-ZIP Seffner, Fl. 33584 | ☑ Change ☐ Addition |
| TITLE D<br>NAME BYRD, COLLEEN<br>STREET ADDRESS 534 DEHISME COVE<br>CITY-ST-ZIP SEFFNER FL 33584 | ☑ Delete | TITLE Board<br>NAME PaTricia Trudelle<br>STREET ADDRESS 106 ChaTeau Rue<br>CITY-ST-ZIP Seffner, Fl. 33584 | ☑ Change ☐ 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:** Doretta Spurway DoreTTa SpurwAY 813-571-1371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3-15-05 Daytime Phone #