


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Jan 31, 2006 08:00 AM
Secretary of State**

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



Principal Place of Business Mailing Address
C/O D. SPURWAY 639 AUXERRE CIR SEFFNER FL 33584 US
C/O D. SPURWAY 639 AUXERRE CIR 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 **NO-T APPLICABLE** Applied For Not Applicable

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

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
**SPURWAY, DORETTA
639 AUXERRE CIRCLE
SEFFNER FL 33584**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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	P	<input type="checkbox"/> Delete
NAME	SPURWAY, DORETTA	
STREET ADDRESS	639 AUXERRE CIR	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PEART, PATRICIA	
STREET ADDRESS	848 AUXERRE CIRCLE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLAIR, MARGUERITE	
STREET ADDRESS	550 DE RESINE CARRE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	T	<input type="checkbox"/> Delete
NAME	YINGST, DORIS	
STREET ADDRESS	608 DE RESINE CARRE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	B	<input type="checkbox"/> Delete
NAME	MARAK, DONALD	
STREET ADDRESS	104 CHATEAU RUE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	B	<input type="checkbox"/> Delete
NAME	TRUDETTE, PATRICIA	
STREET ADDRESS	106 CHATEAU RUE	
CITY-ST-ZIP	SEFFNER FL 33584	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	U00000410028	
CITY-ST-ZIP	02/09/06-80019-023 70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *[Handwritten Signature]* 813-