


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90037 036 ****70.00

DOCUMENT # N02007			
1. Entity Name CHATEAU FOREST MOBILE HOME OWNERS ASSOCIATION, INC.			
Principal Place of Business C/O D. SPURWAY 639 AUXERRE CIR SEFFNER FL 33584 US		Mailing Address C/O D. SPURWAY 639 AUXERRE CIR SEFFNER FL 33584 US	
2. Principal Place of Business - No P.O. Box # <i>614 Kevin Gilmartin</i> Suite, Apt. #, etc. <i>614 ClairvauX Rue</i> City & State <i>Seffner, Fl.</i> Zip <i>33584</i> Country <i>Hillsborough</i>		3. Mailing Address <i>614 Kevin Gilmartin</i> Suite, Apt. #, etc. <i>614 ClairvauX Rue</i> City & State <i>Seffner, Fl.</i> Zip <i>33584</i> Country <i>Hillsborough</i>	
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 <i>Kevin Gilmartin</i> Street Address (P.O. Box Number is Not Acceptable) <i>614 ClairvauX Rue</i> <i>Seffner, Fl.</i> City FL Zip Code <i>33584</i>	
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 <i>Kevin Gilmartin - Pres.</i> DATE <i>1-22-07</i>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SPURWAY, DORETTA 639 AUXERRE CIR SEFFNER FL 33584 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>P.</i> <i>Kevin Gilmartin</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>614 ClairvauX Rue</i> <i>Seffner, Fl. 33584</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PEART, PATRICIA 648 AUXERRE CIRCLE SEFFNER FL 33584 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>V.P.</i> <i>Dawn Wilder</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>610 ClairvauX Rue</i> <i>Seffner, Fl. 33584</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BLAIR, MARGUERITE 550 DE RESINE CARRE SEFFNER FL 33584 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>S.</i> <i>Linda Johnson</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>603 ClairvauX Rue</i> <i>Seffner, Fl. 33584</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T YINGST, DORIS 608 DE RESINE CARRE SEFFNER FL 33584 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>T</i> <i>Knute Wilder</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>610 ClairvauX Rue</i> <i>Seffner, Fl. 33584</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	B MARAK, DONALD 104 CHATEAU RUE SEFFNER FL 33584 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>B</i> <i>Dolores De Coussey</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>607 De Resine Carre</i> <i>Seffner, Fl. 33584</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	B TRUDETTE, PATRICIA 106 CHATEAU RUE SEFFNER FL 33584 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>B</i> <i>Doretta Spurway</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>639 Auxerre Circle</i> <i>Seffner, Fl. 33584</i>



1st MOORE CR2E037 (10/06)

4. FEI Number NO-T APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

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: *Kevin Gilmartin* DATE: *1-22-07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #