


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90065 047 \*\*\*\*70.00

**DOCUMENT # N02007**

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



Principal Place of Business <b>C/O KEVIN GILMARTIN          614 CLAIR VAUX RUE          SEFFNER, FL 33584 US</b>	Mailing Address <b>C/O KEVIN GILMARTIN          614 CLAIR VAUX RUE          SEFFNER, FL 33584 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04092008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**GILMARTIN, KEVIN  
 614 CLAIR VAUX RUE  
 SEFFNER, FL 33584**

7. Name and Address of New Registered Agent

Name **LINDA JOHNSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**603 CLAIRVAUX RUE**  
 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 *Linda Johnson* DATE **April 8, 2008**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

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	GILMARTIN, KEVIN	
STREET ADDRESS	614 CLAIR VAUX RUE	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILDER, DAWN	
STREET ADDRESS	610 CLAIR VAUX RUE	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, LINDA	
STREET ADDRESS	603 CLAIR VAUX RUE	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	T	<input type="checkbox"/> Delete
NAME	KNUTE, WILDER	
STREET ADDRESS	610 CLAIR VAUX RUE	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	B	<input type="checkbox"/> Delete
NAME	DE COUSSY, DELORES	
STREET ADDRESS	607 DE RESINE CARRE	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	B	<input type="checkbox"/> Delete
NAME	SPURWAY, DORETTA	
STREET ADDRESS	639 AUXERRE CIRCLE	
CITY-ST-ZIP	SEFFNER, FL 33584	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda JOHNSON	
STREET ADDRESS	603 CLAIRVAUX RUE	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	charlene Berkley	
STREET ADDRESS	506 De Resine Carre	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holly Hollenbeck	
STREET ADDRESS	501 De Resine Carre	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don Waldron	
STREET ADDRESS	604 CLAIRVAUX RUE	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phyllis Tutwiler	
STREET ADDRESS	519 De Resine Carre	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adrian Lennon	
STREET ADDRESS	508 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 exemptions contained in Chapter 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: *Linda Johnson* DATE **4/8/08** DAYTIME PHONE # **813-600-3346**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR