


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 C/O KEVIN GILMARTIN 614 CLAIR VAUX RUE SEFFNER, FL 33584 US			Mailing Address C/O KEVIN GILMARTIN 614 CLAIR VAUX RUE SEFFNER, FL 33584 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GILMARTIN, KEVIN 614 CLAIR VAUX RUE SEFFNER, FL 33584			Name LINDA JOHNSON Street Address (P.O. Box Number is Not Acceptable) 603 CLAIRVAUX RUE City SEFFNER FL 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 <i>Linda Johnson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>April 8, 2008</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	P GILMARTIN, KEVIN 614 CLAIR VAUX RUE SEFFNER, FL 33584	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Linda JOHNSON 603 CLAIRVAUX RUE SEFFNER, FL 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILDER, DAWN 610 CLAIR VAUX RUE SEFFNER, FL 33584	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP charlene Berkley 506 De Resine Carre SEFFNER, FL 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JOHNSON, LINDA 603 CLAIR VAUX RUE SEFFNER, FL 33584	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Holly Hollenbeck 501 De Resine Carre SEFFNER, FL 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KNUTE, WILDER 610 CLAIR VAUX RUE SEFFNER, FL 33584	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Don Waldron 604 CLAIRVAUX RUE SEFFNER, FL 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	B DE COUSSY, DELORES 607 DE RESINE CARRE SEFFNER, FL 33584	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	B Phyllis Tutwiler 519 De Resine Carre SEFFNER, FL 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	B SPURWAY, DORETTA 639 AUXERRE CIRCLE SEFFNER, FL 33584	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	B Adrian Lennon 508 De Resine Carre 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 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: <i>Linda Johnson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4/8/08</i> Daytime Phone # <i>813-600-3346</i>		