

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02007

FILED
Jan 26, 2009
Secretary of State

Entity Name: CHATEAU FOREST MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O KEVIN GILMARTIN
614 CLAIR VAUX RUE
SEFFNER, FL 33584 US

New Principal Place of Business:

Current Mailing Address:

C/O KEVIN GILMARTIN
614 CLAIR VAUX RUE
SEFFNER, FL 33584 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JOHNSON, LINDA
603 CLAIRVAUX AVE
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, LINDA
Address: 603 CLAIRVAUX AVE.
City-St-Zip: SEFFNER, FL 33584

Title: VP () Delete
Name: BERKLEY, CHARLENE
Address: 506 DE RESINE CARRE
City-St-Zip: SEFFNER, FL 33584

Title: S () Delete
Name: HOLLENBECK, HOLLY
Address: 501 DE RESINE CORRE
City-St-Zip: SEFFNER, FL 33584

Title: T () Delete
Name: WALDRON, DON
Address: 604 CLAIRVAUX AVE
City-St-Zip: SEFFNER, FL 33584

Title: B () Delete
Name: TOTWILER, PHYLLIS
Address: 519 DE RESINE CARR
City-St-Zip: SEFFNER, FL 33584

Title: B () Delete
Name: LENNON, ADRIAN
Address: 508 DE RESINE CARRE
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA JOHNSON

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date