

# 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 RESIN 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  
Name:  
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

Electronic Signature of Signing Officer or Director

PRES

01/26/2009

\_\_\_\_\_ Date