

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02007

FILED
Apr 30, 2010
Secretary of State

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

Current Principal Place of Business:

C/O KNUTE WILDER
610 CLAIRVAUX RUE
SEFFNER, FL 33584 US

New Principal Place of Business:

Current Mailing Address:

C/O KNUTE WILDER
610 CLAIRVAUX 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:

WILDER, KNUTE
610 CLAIRVAUX RUE
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
Name: WILDER, KNUTE
Address: 610 CLAIRVAUX RUE
City-St-Zip: SEFFNER, FL 33584

Title: VP
Name: SMITH, GEORGE
Address: 112 CHATEAU RUE
City-St-Zip: SEFFNER, FL 33584

Title: S
Name: LENNON, ADRIAN
Address: 508 DE RESINE CARRE ST.
City-St-Zip: SEFFNER, FL 33584

Title: T
Name: WILDER, DAWN
Address: 610 CLAIRVAUX RUE
City-St-Zip: SEFFNER, FL 33584

Title: B
Name: GLORIA, GRIFFIN
Address: 608 CLAIRVAUX RUE
City-St-Zip: SEFFNER, FL 33584

Title: B
Name: DORETTA, SPURWAY
Address: 639 AUXERRE CIRCLE
City-St-Zip: SEFFNER, FL 33584

I hereby 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 all other like empowered.

SIGNATURE: KNUTE WILDER

P

04/30/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date