

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02007

FILED
Apr 25, 2012
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 (X)**

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

Title: S
Name: VALENTINO, ELIZABETH
Address: 519 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: DE COURSEY, DOLORES
Address: 607 DE RESINE CARRE ST.
City-St-Zip: SEFFNER, FL 33584

Title: B
Name: SPARKS, TERESA
Address: 610 DE RESINE CARRE ST.
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

PRES

04/25/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date