

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02007

FILED
Apr 26, 2016
Secretary of State
CC3451981504

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

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILDER, KNUTE
610 CLAIRVAUX RUE
SEFFNER, FL 33584 US

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

Officer/Director Detail :

Title P
Name WILDER, KNUTE
Address 610 CLAIRVAUX RUE
City-State-Zip: SEFFNER FL 33584

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

Title S
Name MISTY, DOWDY DAWN
Address 638 AUXERRE CIRCLE
City-State-Zip: SEFFNER FL 33584

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

Title B
Name DE COURSEY, DOLORES
Address 607 DE RESINE CARRE ST.
City-State-Zip: SEFFNER FL 33584

Title B
Name SPARKS, TERESA
Address 610 DE RESINE CARRE ST.
City-State-Zip: SEFFNER FL 33584

Title B
Name DOWDY, MICHAEL
Address 638 AUXERRE CIRCLE
City-State-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: DAWN WILDER

TREASURE

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date