


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90385 040 ****61.25

DOCUMENT # 725948 1. Entity Name COUNTRY CLUB CHALET ASSOCIATION, INC.					
Principal Place of Business COUNTRY CLUB DRIVE NEW SMYRNA BCH FL 32168		Mailing Address 16C-COUNTRY CLUB DR NEW SMYRNA BEACH FL 32168			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1502667 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUTTS, ANNA R 16 B COUNTRY CLUB DRIVE NEW SMYRNA BEACH FL 32168				7. Name and Address of New Registered Agent Name MARY L. WRIGHT Street Address (P.O. Box Number is Not Acceptable) 17A Country Club Dr City New Smyrna Beach FL Zip Code 32168	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Mary L. Wright</i> N/A (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, KENNETH 11A COUNTRY CLUB DR NEW SMYRNA BEACH FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. JACK SHUTT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26 B Country Club Dr New Smyrna Beach, FL 32168		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUTTS, ANNA R 16 B COUNTRY CLUB DRIVE NEW SMYRNA BEACH FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JERRY BEER 29 A Country Club Dr New Smyrna Beach, FL 32168		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMPSON, MICHAEL 5 A COUNTRY CLUB DR NEW SMYRNA BEACH FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARY L. WRIGHT 17A Country Club Dr New Smyrna Beach, FL 32168		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CONLEY, DELMAR 23A COUNTRY CLUB DR NEW SMYRNA BEACH FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kathleen Osborne 20 B Country Club Dr New Smyrna Beach, FL 32168		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Mary L. Wright</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/12/05 Daytime Phone # 386/478-1907	