

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

1996 2-21-96 B 1406 XC

DOCUMENT # **H54886 (7)**

1. Corporation Name  
**CLUB CHALET HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**5901 SUN BLVD.  
STE. 203  
ST PETERSBURG FL 33715**

Mailing Address  
**5901 SUN BLVD.  
STE. 203  
ST PETERSBURG FL 33715**

3. Date Incorporated or Qualified  
**05/01/1985**

3a. Date of Last Report  
**07/25/1995**

4. FEI Number  
**59-2538352**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 **7880 54th Ave, No.**

2a. Mailing Address  
26 **7850 Ulmerton Rd.**

22. Suite, Apt. #, etc.  
**St. Petersburg, FL.**

27. Suite 1  
City & State

23. City & State  
**Largo, FL.**

24. Zip  
**33710**

25. Country  
**Pinellas**

29. Zip  
**34641**

30. Country  
**Pinellas**

g. Name and Address of Current Registered Agent  
**NEWTON, WILLIAM C  
5901 SUN BLVD.  
STE. 203  
ST. PETERSBURG FL 33715**

10. Name and Address of New Registered Agent  
81 Name  
**Holiday Isles Property Mgt.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7850 Ulmerton Rd. Suite 1**  
83  
84 City  
**Largo** 85 Zip Code  
**FL 34641**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Robert A. Babcock* **Robert A. Babcock** 2/1/96

12. OFFICERS AND DIRECTORS

11. TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
12. NAME	<b>LEGER, TILLE</b>	
13. STREET ADDRESS	<b>5901 SUN BLVD. STE. 203</b>	
14. CITY-STATE-ZIP	<b>ST. PETERSBURG FL 33715</b>	
11. TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
12. NAME	<b>GISHBAUGHER, PATRICIA A</b>	
13. STREET ADDRESS	<b>5901 SUN BLVD. STE. 203</b>	
14. CITY-STATE-ZIP	<b>ST PETERSBURG FL 33715</b>	
11. TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> DELETE
12. NAME	<b>WENDOVER, JEAN</b>	
13. STREET ADDRESS	<b>5901 SUN BLVD. STE. 203</b>	
14. CITY-STATE-ZIP	<b>ST. PETERSBURG FL 33715</b>	
11. TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
12. NAME	<b>WINCHIP, WENDEL</b>	
13. STREET ADDRESS	<b>5901 SUN BLVD. STE. 203</b>	
14. CITY-STATE-ZIP	<b>ST. PETERSBURG FL 33715</b>	
11. TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
12. NAME	<b>SPROAL, MARY</b>	
13. STREET ADDRESS	<b>5901 SUN BLVD. STE. 206</b>	
14. CITY-STATE-ZIP	<b>ST. PETERSBURG FL 33715</b>	
11. TITLE	<b>PPD</b>	<input checked="" type="checkbox"/> DELETE
12. NAME	<b>COOKE, LESTER</b>	
13. STREET ADDRESS	<b>5901 SUN BLVD. STE. 203</b>	
14. CITY-STATE-ZIP	<b>ST PETERSBURG FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	<b>Wendover, Jean</b>	
13. STREET ADDRESS	<b>7880 54th Ave, No. #108</b>	
14. CITY-STATE-ZIP	<b>St. Petersburg, FL. 33709</b>	
11. TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	<b>Schenk, Marjorie</b>	
13. STREET ADDRESS	<b>7880 54th Ave., No. #126</b>	
14. CITY-STATE-ZIP	<b>St. Petersburg, FL. 33709</b>	
11. TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	<b>Gishbaugher, Patricia</b>	
13. STREET ADDRESS	<b>7880 54th Ave., No. #115</b>	
14. CITY-STATE-ZIP	<b>St. Petersburg, FL. 33709</b>	
11. TITLE	<b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	<b>Cooke, Lester</b>	
13. STREET ADDRESS	<b>7880 54th Ave.No. #59</b>	
14. CITY-STATE-ZIP	<b>St. Petersburg, FL. 33709</b>	
11. TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	<b>Gishbaugher, Jack</b>	
13. STREET ADDRESS	<b>7880 54th Ave.No. #42</b>	
14. CITY-STATE-ZIP	<b>St. Petersburg, FL. 33709</b>	
11. TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	<b>Wayne, Gerald</b>	
13. STREET ADDRESS	<b>7880 54th Ave.No. #79</b>	
14. CITY-STATE-ZIP	<b>St. Petersburg, FL. 33709</b>	

14. I do hereby certify that the information supplied within this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jean Wendover*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Jean Wendover, President**

1-31-96

CR2E034 (12/95)