


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90091 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H54886

1. Corporation Name
CLUB CHALET HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 7880 54TH AVENUE NORTH ST. PETERSBURG FL 33710 US	Mailing Address 7850 ULMERTON ROAD SUITE 1 LARGO FL 34641 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

3. Date Incorporated or Qualified 05/01/1985	
4. FEI Number 59-2538352	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HOLIDAY ISLES PROPERTY MANAGEMENT
7850 ULMERTON ROAD
SUITE 1
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD <input type="checkbox"/> DELETE
NAME	EBNER, RONALD
STREET ADDRESS	7880 54TH AVE N, #72
CITY-ST-ZIP	ST. PETERSBURG FL 33709
TITLE	PD <input type="checkbox"/> DELETE
NAME	SCHNEK, MARJORIE
STREET ADDRESS	7880 54TH AVENUE, #126
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	GISHBAUGHER, PATRICIA
STREET ADDRESS	7880 54TH AVENUE, #115
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	HUMPHREY, ROBERT
STREET ADDRESS	7880 54TH AVE N, #194
CITY-ST-ZIP	ST. PETERSBURG FL 33709
TITLE	D <input type="checkbox"/> DELETE
NAME	GISHBAUGHER, JACK
STREET ADDRESS	7880 54TH AVENUE, #42
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BORGEN, KATY
STREET ADDRESS	7880 54TH AVE N, #49
CITY-ST-ZIP	ST. PETERSBURG FL 33709

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WAYNE STITZ
6.3 STREET ADDRESS	780 54TH AVE. N. #41
6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33709

14. 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 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, with all other like empowered.

SIGNATURE: *Patricia Gishbaugher* **PATRICIA GISHBAUGHER** Date: **24 Feb 99** Daytime Phone #: **727-530-4517**

CR2E034 (11/98)