



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90121 042 ***150.00

DOCUMENT # H54886					
1. Entity Name CLUB CHALET COOPERATIVE ASSOCIATION, INC.					
Principal Place of Business 7880 54TH AVENUE NORTH ST. PETERSBURG, FL 33710 US			Mailing Address 7850 ULMERTON ROAD SUITE 1 LARGO, FL 33771 US		
2. Principal Place of Business 11350 66th St N Suite, Apt. #, etc. Suite 124 City & State Largo FL Zip 33773 Country Pinellas		3. Mailing Address 11350 66th St N Suite, Apt. #, etc. Suite 124 City & State Largo FL Zip 33773 Country		50029509 	
				02212005 Chg-P CR2E034 (10/03)	
				4. FEI Number 59-2538352	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLIDAY ISLES PROPERTY MANAGEMENT 7850 ULMERTON ROAD SUITE 1 LARGO, FL 34641			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11350 66th St N Suite 124 City Largo FL Zip Code 33773		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRAUS, JERRY 7880-54TH AVE. N #25 SAINT PETERSBURG, FL 33709 <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	PD SCHNEK, MARJORIE 7880 54TH AVENUE, #126 ST. PETERSBURG, FL <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	VPD GISHBAUGHER, PATRICIA 7880 54TH AVENUE, #115 ST. PETERSBURG, FL <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	D GISHBAUGHER, JACK 7880 54TH AVE N, #194 ST. PETERSBURG, FL 33709 <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	TD TRAXLER, GENE 7880-54TH AVE. N. #61 SAINT PETERSBURG, FL 33709 <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	D LAUBER, BILL 7880 54TH AVENUE N #122 ST. PETERSBURG, FL 33709 <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 607, 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: <u>Marjorie Schenk, President</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				02/23/05 727-546-8926 Date Daytime Phone #	
Marjorie Shank					