


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90028 047 \*\*\*150.00

**DOCUMENT # H54886**

1. Entity Name  
**CLUB CHALET COOPERATIVE ASSOCIATION, INC.**



Principal Place of Business Mailing Address

**11350 66TH ST N** **11350 66TH ST N**  
**SUITE 124** **SUITE 124**  
**LARGO, FL 33773 US** **LARGO, FL 33773 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

**7880-54 Ave No.** Suite, Apt. #, etc.  
**St. Petersburg**

City & State City & State

**FL.** **FL**

Zip Country Zip Country

**33709** **Pinellas**

**60007178**



01052007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**HOLIDAY ISLES PROPERTY MANAGEMENT**  
**11350 66TH ST N**  
**SUITE 124**  
**LARGO, FL 33773**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>PARDUE, ANN MARIE</b>	
STREET ADDRESS	<b>7880 54TH AVE N #131</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33709</b>	
TITLE	<del>PD</del>	<input type="checkbox"/> Delete
NAME	<b>SCHENK, MARJORIE</b>	
STREET ADDRESS	<b>7880 54TH AVENUE, #126</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	<b>GISHBAUGHER, PATRICIA</b>	
STREET ADDRESS	<b>7880 54TH AVENUE, #115</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GISHBAUGHER, JACK</b>	
STREET ADDRESS	<b>7880 54TH AVE N, #194</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33709</b>	
TITLE	<del>TD</del>	<input type="checkbox"/> Delete
NAME	<b>TRAXLER, GENE</b>	
STREET ADDRESS	<b>7880-54TH AVE. N. #61</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33709</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>LAUBER, BILL</b>	
STREET ADDRESS	<b>7880 54TH AVENUE N #122</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33709</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RANDALL, LYN</b>	
STREET ADDRESS	<b>7880-54 Ave No # 59</b>	
CITY-ST-ZIP	<b>St. Petersburg FL. 33709</b>	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHENK, MARJORIE</b>	
STREET ADDRESS	<b>7880 54TH AVENUE, #126</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL</b>	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KLINKER, KAYE</b>	
STREET ADDRESS	<b>7880-54 Ave No # 130</b>	
CITY-ST-ZIP	<b>St. Petersburg FL. 33709</b>	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOYER, ROBERT</b>	
STREET ADDRESS	<b>7880-54 Ave N. # 77</b>	
CITY-ST-ZIP	<b>St. Petersburg FL. 33709</b>	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAUBER, BILL</b>	
STREET ADDRESS	<b>7880 54TH AVENUE N #122</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33709</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Lyn A Randall* Date: 1-10-07 Daytime Phone #: 937-623-7642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LYN A. RANDALL**