

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H54886

FILED  
Jan 05, 2012  
Secretary of State

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

**Current Principal Place of Business:**

7880-54 AVE. N.  
SAINT PETERSBURG, FL 33709 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2538352      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GILBERT, DORIS  
Address: 7880 54TH AVE N #66  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: SD  
Name: RANDALL, LYN  
Address: 7880-54 AVON #59  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: PD  
Name: SCHONERT, SHERRY  
Address: 7880-54 AVON #94  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D  
Name: IMUS, KAREN  
Address: 7880-54TH AVE. N. #128  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: TD  
Name: HENNESY, LEONARD  
Address: 7880 54TH AVENUE, NORTH #43  
City-St-Zip: ST. PETERSBURG, FL 33709

Title: D  
Name: MIDKIFF, LARRY  
Address: 7880 54TH AVENUE, NORTH #67  
City-St-Zip: ST. PETERSBURG, FL 33709

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHERRY SHONERT

PD

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date