

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90491 012 ***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 34641
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2538352**

Applied For
Not Applicable

Zip

Country

Zip

Country

33771

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33771

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **EBNER, RONALD**
STREET ADDRESS **7880 54TH AVE N, #72**
CITY-ST-ZIP **ST. PETERSBURG FL 33709**

TITLE **D** Change Addition
NAME **Bruno, Charles**
STREET ADDRESS **7880 54th Ave N. #96**
CITY-ST-ZIP **St. Petersburg, Fl. 33709**

TITLE **PD SCHENK** Delete
NAME **SCHNEK, MARJORIE**
STREET ADDRESS **7880 54TH AVENUE, #126**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **GISHBAUGHER, PATRICIA**
STREET ADDRESS **7880 54TH AVENUE, #115**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **GISHBAUGHER, JACK**
STREET ADDRESS **7880 54TH AVE N, #194**
CITY-ST-ZIP **ST. PETERSBURG FL 33709**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **KOPET, FRANK**
STREET ADDRESS **7880 54TH AVENUE N #48**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **LAUBER, BILL**
STREET ADDRESS **7880 54TH AVENUE N #122**
CITY-ST-ZIP **ST. PETERSBURG FL 33709**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Patricia Schenk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Jan 03
DATE

727-530-4517
Daytime Phone #

CR2E034 (10/02)