

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H54886

Entity Name: CLUB CHALET COOPERATIVE ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-2538352

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

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

Title PD
Name SCHONERT S, HERRY
Address 7880-54 AVON #94
City-State-Zip: SAINT PETERSBURG FL 33709

Title D
Name LUCAS, CHUCK
Address 7880-54TH AVE. N. #81
City-State-Zip: SAINT PETERSBURG FL 33709

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

Title D
Name BAIRD, LINDA
Address 7880 54TH AVENUE, NORTH #138
City-State-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: LINDA BAIRD

DIRECTOR

01/31/2013

Electronic Signature of Signing Officer/Director Detail

Date