2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#720674

VPD

PD

STD

POA

Name:

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name: Address:

City-St-Zip:

Address: City-St-Zip: OTT. ROBERT

10 BARRACUDA LN

BROWN, ROBERT

WILLIAMSON, ED

MOSS, EVELYN

10 BARRACUDA LN

KEY LARGO, FL 33037

10 BARRACUDA LN

KEY LARGO, FL 33037

10 BARRACUDA LN

KEY LARGO, FL 33037

KEY LARGO, FL 33037

FILED Apr 10, 2009 Secretary of State

Entity Name: CAY HARBOR CONDOMINIUM CHALETS, INC.

Current Principal Place of Business: New Principal Place of Business:

10 BARRACUDA LN 1 BARRACUDA LN

KEY LARGO, FL 33037 US KEY LARGO, FL 33037 US

Current Mailing Address: New Mailing Address:

10 BARRACUDA LN 1 BARRACUDA LN

KEY LARGO, FL 33037 US KEY LARGO, FL 33037 US

FEI Number: 59-1514354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MOSS, EVELYN MOSS & ASSOCIATES PROPERTY MGMT.

10 BARRACUDA LN 1 BARRACUDA LN

KEY LARGO, FL 33037 US KEY LARGO, FL 33037 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: EVELYN MOSS 04/10/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONAL ADDITIONA

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

Name: BROWN, ROBERT C
Address: 1 BARRACUDA LN
City-St-Zip: KEY LARGO, FL 33037

Title: VP (X) Change () Addition

Name: OTT, ROBERT
Address: 1 BARRACUDA LN
City-St-Zip: KEY LARGO, FL 33037

Title: ST (X) Change () Addition

Name: WILLIAMSON, ED
Address: 1 BARRACUDA LN
City-St-Zip: KEY LARGO, FL 33037

Title: MA (X) Change () Addition

Name: MOSS, EVELYN
Address: 1 BARRACUDA LN
City-St-Zip: KEY LARGO, FL 33037

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN MOSS MA 04/10/2009