2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 24, 2006 8:00 am Secretary of State DOCÚMENT # 725692 1. Entity Name 04-24-2006 90365 014 ****61.25 THE CHALET CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 127 PERUVIAN AVE P.O. BOX 2319 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-1725676 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANKS, RAE ESQ Street Address (P.O. Box Number is Not Acceptable) 312 NINTH STREET WEST PALM BEACH FL 33401 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete DO MIKE WINN ☐ Change Addition TITLE TITLE MAHLER, PETER NAME NAME 127 Peruvian Ave 127 PERUVIAN AVENUE, APT. 205 STREET ADDRESS STREET ADDRESS PAIN BEACH, FI 33480 PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP VΦ Addition Change TITLE ☐ Delete KRISHNAN, SUSAN NAME NAME 127 PERUVIAN AVENUE, APT. 201 STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 CITY-SI-ZIP CITY-ST-ZIP STD Delete Change Addition TITLE TITLE NAME ALLEN, NORMA NAME 127 PERUVIAN AVENUE, APT. 301 STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all prior like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY - ST- ZIP

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4/14/66