

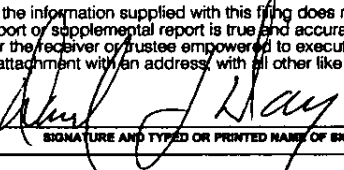


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90186 016 \*\*\*\*61.25

<b>DOCUMENT # 725692</b> 1. Entity Name <b>THE CHALET CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>127 PERUVIAN AVE PALM BEACH, FL 33480</b>			Mailing Address <b>P.O. BOX 2319 PALM BEACH, FL 33480</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1725676</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FRANKS, RAE ESQ 312 NINTH STREET WEST PALM BEACH, FL 33401</b>			Name <b>Richard P Hallett</b> Street Address (P.O. Box Number is Not Acceptable) <b>8443 Zanzibar Ln</b> City <b>Wellington</b> <b>FL</b> Zip Code <b>33414</b>		
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 <b>Richard P Hallett</b>		
Filing Fee is <b>\$61.25</b> <b>Due by May 1, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PO Winn. Mike	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINN, MIKE		NAME	127 Peruvian Ave	
STREET ADDRESS	127 PERUVIAN AVE		STREET ADDRESS	Palm Beach, FL 33480	
CITY - ST - ZIP	PALM BEACH, FL 33480		CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD Gregory Angelini	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRISHNAN, SUSAN		NAME	127 Peruvian Ave	
STREET ADDRESS	127 PERUVIAN AVENUE, APT. 201		STREET ADDRESS	Palm Beach, FL 33480	
CITY - ST - ZIP	PALM BEACH, FL 33480		CITY - ST - ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	TD David DAY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUPERT, JAMIE		NAME	127 Peruvian Ave	
STREET ADDRESS	127 PERICAN AVE		STREET ADDRESS	PO FL 33480	
CITY - ST - ZIP	PALM BEACH, FL 33480		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 other like empowered.					
SIGNATURE: 			SIGNATURE <b>DAVID J. DAY</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4-7-07</b>		
			Daytime Phone # <b>561/832-8653</b>		