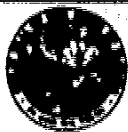


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 739269 (9)

1. Corporation Name

CLUB CHALET TENANTS ASSOCIATION, INC.

95 APR -5 PM 2:26

Principal Place of Business

**7880 54TH AVENUE, NORTH
ST PETERSBURG FL 33709**

Mailing Address

**7880 54TH AVENUE, NORTH
ST PETERSBURG FL 33709**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1977

3a. Date of Last Report

01/25/1994

4. FEI Number

59-0247526

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALTERS, ANTHONY J.
7880 54TH AVENUE N.
ST PETERSBURG FL 33709**

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

**SCHAUDE, JUNE
7880 54 AVE N. #24
ST. PETERSBURG FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**HUFFER, MILDRED
7880 54 AVE. N #9
ST. PETERSBURG FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

**RENNER, LORRAINE
7880 54TH AVE. N. #38
ST PETERSBURG, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**WEINMAN, RUTH
7880 54 AVE N #43
ST. PETERSBURG FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

**RUSSELL, HAZEL
7880 54 AVE #78
ST. PETERSBURG FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

**BORGEN, KATHRYN
7880 54 AVE N #49
ST PETERSBURG, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

D

**Veronica Klecker
7880 54th AVE N #110
ST. PETERSBURG FL 33709**

☐ Change ☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

T/D

**Ruth Compton
7880 54th AVE N. #121
ST. PETERSBURG FL 33709**

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

S/D

**MARJORIE SCHENK
7880 54th AVE N. #126
ST. PETERSBURG FL 33709**

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marjorie Schenk

03/27/95

(813) 546-0126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #