FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:26

DOCUMENT # 739269 (9)

1. Corporation Name
CLUB CHALET TENANTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7880 54TH AVENUE, NORTH ST PETERSBURG FL 33709	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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SCHAUDE, JUNE	1.2 NAME	Veronica Klecker	
STREET ADDRESS	7880 54 AVE N. #24	1.3 STREET ADDRESS	7880 54th AVE N #110	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	HUFFER, MILDRED	2.2 NAME		
STREET ADDRESS	7880 54 AVE. N #9	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	RENNER, LORRAINE	3.2 NAME	Ruth Compton	
STREET ADDRESS	7880 54TH AVE. N. #38	3.3 STREET ADDRESS	7880 54th AVE N. #121	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	3.4 CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	WEINMAN, RUTH	4.2 NAME		
STREET ADDRESS	7880 54 AVE N #43	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, HAZEL	5.2 NAME		
STREET ADDRESS	7880 54 AVE #76	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE	S/D	☒ Change ☐ Addition
NAME	BORGEN, KATHRYN	6.2 NAME	MARJORIE SCHENK	
STREET ADDRESS	7880 54 AVE N #49	6.3 STREET ADDRESS	7880 54th AVE N. #126	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	6.4 CITY-ST-ZIP	ST. PETERSBURG FL 33709	

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 119.07(3)(i), 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 617, 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 Marjorie Schenk 03/27/95 (813) 546-0126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000167