

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 739269 (9)

1. Corporation Name

CLUB CHALET TENANTS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



3. Date Incorporated or Qualified

06/06/1977

3a. Date of Last Report

04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0247526

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Zip

Country

Zip

Country

24

25

29

30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SCHAUDE, JUNE
7880 54 AVE N. #24
ST. PETERSBURG FL** ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**P/D
Roy Johnston
7880 54 Ave., N. #71
St. Petersburg, FL 33709** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HUFFER, MILDRED
7880 54 AVE. N #9
ST. PETERSBURG FL** ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**V/D
Betty Liguz
7880 54 Ave., N. #124
St. Petersburg, FL 33709** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
COMPTON, RUTH
7880 N 54 AVE #121
ST PETERSBURG, FL 00000** ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**S/D
Margaret Davisson
7880 54 Ave., N. #57
St. Petersburg, FL 33709** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WEINMAN, RUTH
7880 54 AVE N #43
ST. PETERSBURG FL** ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**D
Phyllis Hatch
7880 54 Ave., N. #133
St. Petersburg, FL 33709** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RUSSELL, HAZEL
7880 54 AVE #76
ST. PETERSBURG FL** ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
**D
Ruth Kraus
7880 54 Ave., N. #25
St. Petersburg, FL 33709** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SCHENK, MARJORIE
7880 N 54 AVE #126
ST PETERSBURG, FL 00000** ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
**D
Mary Winchip
7880 54 Ave., N. #78
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 119.07(3)(k), 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:

Margaret Davisson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET DAVISSON 4/2/96
Date Daytime Phone # 813-546-4946

CR2E037 (12/95)