

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90011 012 ****61.25

DOCUMENT # 748880

1. Entity Name

HARBOR CHALET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1155-102 STREET
BAY HARBOR ISLAND FL 33154

Mailing Address

1155 102 ST
SUITE 205
BAY HARBOR ISLAND FL 33154
US

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

2nd MOORE

CR2E037 (4/07)

4. FEI Number

59-2033630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALCALA, JOANNA
1155, 102 ST, STE 205
BAY HARBOR ISLAND FL 33154

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GALLOWAY, FRANK
STREET ADDRESS 1155 102ND ST #204
CITY-ST-ZIP BAY HARBOR ISL FL 33154

TITLE VPD ☐ Delete
NAME CORRALES, CARMEN
STREET ADDRESS 1155 102ND ST #105
CITY-ST-ZIP BAY HARBOR ISL FL 33154

TITLE TS ☐ Delete
NAME ALCALA, JOANNA
STREET ADDRESS 1155 102ND ST #205
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☐ Change ☐ Addition
NAME GALLOWAY FRANK
STREET ADDRESS 1155 102ND ST. #201
CITY-ST-ZIP BAY HARBOR ISL. FL 33154

TITLE VPD ☐ Change ☐ Addition
NAME CORRALES CARMEN
STREET ADDRESS 1155 102ND ST. #105
CITY-ST-ZIP BAY HARBOR ISL. FL 33154

TITLE TS ☐ Change ☐ Addition
NAME ALCALA JOANNA
STREET ADDRESS 1155 102ND ST. #205
CITY-ST-ZIP BAY HARBOR ISL. FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Joanna Alcala

JOANNA ALCALA TREASURER 305.865.8201