

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**



07112008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-2033630

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

*Joanna Alcala* JOANNA ALCALA TREASURER  
(NOTE: Registered Agent signature required when reinstating)

JULY 11 08  
DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GALLOWAY, FRANK
STREET ADDRESS	1155 102 ST #201
CITY-ST-ZIP	BAY HARBOR ISL, FL 33154 SAME
TITLE	VPD
NAME	CORRALES, CARMEN
STREET ADDRESS	1155 102ND ST #105
CITY-ST-ZIP	BAY HARBOR ISL, FL 33154 SAME
TITLE	TS
NAME	ALCALA, JOANNA
STREET ADDRESS	1155 102ND ST #205
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154 SAME
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000954506  
07/14/08-80004-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 - JULY 11-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 865 8201