

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90127 016 ****61.25

DOCUMENT # 760849

1. Entity Name
CHALET CAPRI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1110 PINELLAS BAYWAY
102
TIERRA VERDE, FL 33715 US**

Mailing Address
**CHULET CAPRI COUD ASS
1110 PINELLAS BAYWAY #2
TIERRA VERDE, FL 33715 US**



04072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2084014

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHALET CARNI & SHELL REALTY, INC.
1110 PINELLAS BAYWAY #102
SAINT PETERSBURG, FL 33715**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STANLEY, TOM 12485 2ND ST E B-102 TREASURE ISLAND, FL 33706 | <i>delete</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PD KIDD, DAVID 12485 2ND ST E C-103 TREASURE ISLAND, FL 33706 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KARTO, DAVID 12485 2ND ST EAST C-102 TREASURE ISLAND, FL 33706 | <i>delete</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KNIGHT, DENISE 275 CAPRI CIR. N., A-105 TREASURE ISLAND, FL 33706 | <i>delete</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Dorothy B. 275 Capri Circle N. A 105 Treasure Island, FL 33706 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Lori Davis 275 Capri Circle N. A 102 Treasure Island, FL 33706 | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

David A. Kidd **DAVID A. KIDD**

Date

Daytime Phone #

4/18/05