

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90193 030 \*\*\*\*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  
~~CHALET CAPRI CONDO ASS~~  
1110 PINELLAS BAYWAY #2  
TIERRA VERDE, FL 33715 US

*Chalet C  
GoSheLL'Realty*

**50017340**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
59-2084014

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	B, DOROTHY	
STREET ADDRESS	275 CAPRI CIRCLE N A 105	
CITY - ST - ZIP	TREASURE ISLAND, FL 33706	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KIDD, DAVID	
STREET ADDRESS	12485 2ND ST E C-103	
CITY - ST - ZIP	TREASURE ISLAND, FL 33706	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIS, LORI	
STREET ADDRESS	275 CAPRI CIRCLE N.A. 102	
CITY - ST - ZIP	TREASURE ISLAND, FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

*Denise Knight  
275 Capri Circle N. #104  
Treasure Island, FL 33706*

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:** *David A. Kidd* **DAVID A. KIDD, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/25/06 (27) 360-9770*