

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760849

FILED
Mar 06, 2009
Secretary of State

Entity Name: CHALET CAPRI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12465 2ND STREET EAST
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

C/O SHELL REALTY
3717 46 AVENUE SOUTH #5
SAINT PETERSBURG, FL 33711 US

New Mailing Address:

FEI Number: 59-2084014 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHALET CAPRI & SHELL REALTY INC
3717 46 AVENUE SOUTH #5
SAINT PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: B, DOROTHY
Address: 275 CAPRI CIRCLE N A 105
City-St-Zip: TREASURE ISLAND, FL 33706

Title: PD () Delete
Name: KIDD, DAVID
Address: 12485 2ND ST E C-103
City-St-Zip: TREASURE ISLAND, FL 33706

Title: SD () Delete
Name: KNIGHT, DENISE
Address: 275 CAPRI CIR N #104
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: DOROTHY, BAIER
Address: 275 CAPRI CIRCLE N A 105
City-St-Zip: TREASURE ISLAND, FL 33706

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MOORE, LORRIANE
Address: 275 CAPRI CIR N #104
City-St-Zip: TREASURE ISLAND, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID KIDD

DP

03/06/2009

Electronic Signature of Signing Officer or Director

Date