

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760849

FILED  
Jan 06, 2012  
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:**

250 104TH AVENUE  
TREASURE ISLAND, FL 33706 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:**

LAMONT, SUE  
250 104TH AVENUE  
TREASURE ISLAND, FL 33706 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: S  
Name: YORE, ADAM  
Address: 275 CAPRI CIRCLE N #103A  
City-St-Zip: TREASURE ISLAND, FL 33706

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

Title: VP  
Name: KARTO, DAVID  
Address: 12485 2ND ST. E C-102  
City-St-Zip: TREASURE ISLAND, FL 33706

I hereby 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 all other like empowered.

SIGNATURE: DAVID KIDD

P

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date