


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N07913</b>	
1. Entity Name BEACH CHALET CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
5000 GASPARILLA ROAD P.O. BOX 810 BOCA GRANDE, FL 33921 US	C/O BOCA GRANDE CLUB P.O. BOX 810 BOCA GRANDE, FL 33921 US

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04112005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2486065</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent
BOCA GRANDE HOMEOWNERS ASSOCIATION, INC. DBA BOCA GRANDE CLUB 5000 GASPARILLA RD. BOCA GRANDE, FL 33921

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMART, LARRY 5000 GASPARILLA ROAD BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, GORDON 5000 GASPARILLA ROAD BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GETMAN, GERRY D 5000 GASPARILLA ROAD BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLOTFELTER, CHARLES 500 GASPARILLA ROAD BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Charles Clotfelter **CHARLES CLOTFELTER** 4/13/05 (941) 964-2211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #