## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # N11747 CHALET CONDOMINIUM A	ASSOCIATION, INC.			31-2005 90044			
Principal Place of Business 5000 GASPARILLA RD. P.O. BOX 810 BOCA GRANDE, FL 33921 US		Maiting Address C/O BOCA GRANDE CLUB P. O. BOX 810 N/A BOCA GRANDE, FL 33921 US				18	DARRI DI KADI	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232005 Ch	g-NP CR	2E037 (10/03)		
City & State		City & State		4. FEI Number 59-2687153	3	/ —	oplied For	
Zip	Country	Zip	Country	5. Certificate of Sta	itus Desired 📮	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registe	ered Agent		
			Name					
BOCA GRANDE HOMEOWNERS ASSOCIATION, INC. DBA BOCA GRANDE CLUB 5000 GASPARILLA RD.			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	ANDE, FL 33921							
			City	FL Zip Code				
	named entity submits this statement flions of registered agent.	or the purpose of changing its re	egistered office or regi	istered agent, or both, in t	he State of Florida.	I am familiar with,	and accept	
SIGNATURE								
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: I	Registered Agent signature req	quired when reinstating)		DATE		
		t and title if applicable. (NOTE: 1  9. Election Camp Trust Fund Co	palgn Financing	\$5.00 May Be Added to Fees	Make (	check payable t		
10.	Signature, typed or printed name of registered agen Filling Fee 1s \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	palgn Financing	\$5.00 May Be Added to Fees	Make ( Florida D	check payable t epartment of S	tate.	
10.	Signature, typed or printed name of registered agen	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	Make ( Florida D	check payable t epartment of S	tate.	
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12. I hereby certify that the information supplied with this filling 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: CHARLES CLOTFELTER 3/29/05 941964-2211