

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90091 030 ****70.00

DOCUMENT # N11747 1. Entity Name DUNES CHALET CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5000 GASPARILLA RD. P.O. BOX 810 BOCA GRANDE, FL 33921 US			Mailing Address C/O BOCA GRANDE CLUB P. O. BOX 810 N/A BOCA GRANDE, FL 33921 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2687153			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BOCA GRANDE HOMEOWNERS ASSOCIATION, INC. DBA BOCA GRANDE CLUB 5000 GASPARILLA RD. BOCA GRANDE, FL 33921			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> 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	PD MOULTON, HUGH <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5000 GASPARILLA RD		NAME		
STREET ADDRESS	BOCA GRANDE, FL 33921		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD NASH, CLYDE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5000 GASPARILLA RD		NAME		
STREET ADDRESS	BOCA GRANDE, FL 33921		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	AS CLOTFELTER, CHARLES <input checked="" type="checkbox"/> Delete		TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	5000 GASPARILLA RD		NAME	Deborah Mineruini	
STREET ADDRESS	BOCA GRANDE, FL 33921		STREET ADDRESS	5000 Gasparilla Rd.	
CITY-ST-ZIP			CITY-ST-ZIP	Boca Grande, FL. 33921	
TITLE	STD WRIGHT, MARGORIE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5000 GASPARILLA RD.		NAME		
STREET ADDRESS	BOCA GRANDE, FL 33921		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Deborah Mineruini</i>			4-13-06 941-964-224		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		