

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90080 019 ****61.25

DOCUMENT # N99000002197 1. Entity Name CHEZ SOLEIL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2-15TH AVENUE INDIAN ROCKS BEACH, FL 33785 US			Mailing Address 4175 EAST BAY DR STE 205 CLEARWATER, FL 33764		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3687738	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT CONCEPTS INC 4175 EASY BAY DR STE 205 CLEARWATER, FL 33764				7. Name and Address of New Registered Agent Name KIRK BLISS Street CMC 4175 East Bay Dr., Suite 205 City Clearwater, FL 33764 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 DATE 4/17/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARMON, RICHARD 406 SOUTH ROAD LAKELAND, FL 33809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPICOLA, GUY 3153 LKAE ELLEN DR TAMPA, FL 33618	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILLEN, WILLIAM 3507 BAYSHORE BLVD., 902 TAMPA, FL 33629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, RICHARD 1933 PRESTON RIDGE RD CHESTERFIELD, MO 63017	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD JONES, SARA C TWO 15TH AVE UNIT 203 INDIAN ROCKS BEACH, FL 33785	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCPHIL, CLAYTON TWO 15TH AVENUE, UNIT 103 INDIAN ROCKS BEACH, FL 33785	<input checked="" type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Harmon, Richard 5059 Norriswood Drive Mulberry, FL 33860			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Spicola, Guy 3153 Lake Ellen Drive Tampa, FL 33618			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S Murphy, Yvonne 7037 Pelican Island Drive Tampa, FL 33634			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Jones-Scott, Sara Two 15th Ave Unit 203 Indian Rocks Beach, FL 33785			
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: DATE 4/15/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40074908



04072008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name
Street
City
Zip Code

KIRK BLISS
CMC
4175 East Bay Dr., Suite 205
Clearwater, FL 33764

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
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10. OFFICERS AND DIRECTORS

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harmon, Richard 5059 Norriswood Drive Mulberry, FL 33860	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Spicola, Guy 3153 Lake Ellen Drive Tampa, FL 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Murphy, Yvonne 7037 Pelican Island Drive Tampa, FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jones-Scott, Sara Two 15th Ave Unit 203 Indian Rocks Beach, FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/15/08**

Daytime Phone #