

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002197

FILED
Apr 08, 2009
Secretary of State

Entity Name: CHEZ SOLEIL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2-15TH AVENUE
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

4175 EAST BAY DR
STE 205
CLEARWATER, FL 33764

New Mailing Address:

4585 140TH AVE NORTH
SUITE 1012
CLEARWATER, FL 33762

FEI Number: 59-3687738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.
4585 140TH AVE. NORTH SUITE 1012
CLEARWATER, FL 33762 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: VPD () Delete
Name: HARMON, RICHARD
Address: 5059 NORRISWOOD DR
City-St-Zip: MULBERRY, FL 33860 US

Title: D () Delete
Name: SPICOLA, GUY
Address: 3153 LAKE ELLEN DR
City-St-Zip: TAMPA, FL 33618 US

Title: PD () Delete
Name: GILLEN, WILLIAM
Address: 3507 BAYSHORE BLVD., 902
City-St-Zip: TAMPA, FL 33629 US

Title: TRD () Delete
Name: JONES-SCOTT, SARA
Address: TWO 15TH AVE UNIT 203
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D () Delete
Name: MCPHIL, CLAYTON
Address: TWO 15TH AVENUE, UNIT 103
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRD (X) Change () Addition
Name: JONES, SARA CATHYRN
Address: TWO 15TH AVE UNIT 203
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D (X) Change () Addition
Name: MURPHY, YVONNE
Address: TWO 15TH AVENUE, UNIT 202
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM GILLEN

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date