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03-01-1999 90175 008 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706771

1. Corporation Name

320 CHILEAN CONDOMINIUM INC

Principal Place of Business

C/O MAJOR-DOMO & COMPANY
P. O. BOX 15645
W. PALM BEACH FL 33416-5645
US

Mailing Address

C/O MAJOR-DOMO & COMPANY
P. O. BOX 15645
W. PALM BEACH FL 33416-5645
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/30/1964

4. FEI Number

59-1060405

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MAJOR-DOMO & CO.
1401 ALLENDALE RD
P.O. BOX 15645 (33416)
WEST PALM BEACH FL 33416

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVS	☒ DELETE
NAME	ANDERSON, M R	
STREET ADDRESS	320 CHILEAN AVE, APT 4	
CITY-ST-ZIP	PALM BCH, FL 00000	
TITLE	PD	☐ DELETE
NAME	EWING, JOHN	
STREET ADDRESS	320 CHILIAN AVE #2	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DT	☐ DELETE
NAME	DAVIDSON, HOWARD	
STREET ADDRESS	320 CHILIAN AVE #3	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DS	☐ DELETE
NAME	PAULINE PATTERSON	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	DS
4.3 STREET ADDRESS	PAULINE PATTERSON
4.4 CITY-ST-ZIP	320 CHILIAN AVE #5 PALM BEACH, FL 33480
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

2-9-99