

2-18-98 B-2273-C
FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729340** (0)
1. Corporation Name
CHALFONTE CONDOMINIUM APARTMENT ASSOCIATION, INC

Principal Place of Business 550 SOUTH OCEAN BLVD. BOCA RATON FL 33432	Mailing Address 550 SOUTH OCEAN BLVD. BOCA RATON FL 33432
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/11/1974	4. FEI Number 59-1555340	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent PARKER, BILLY L. 550 SOUTH OCEAN BLVD BOCA RATON FL 33432

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 *Billy L. Parker* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D SAPER, CYRIL
STREET ADDRESS	550 S OCEAN BLVD
CITY-ST-ZIP	BOCA RATON, FL 00000 33432
TITLE	<input type="checkbox"/> DELETE
NAME	D GOLDSTEIN, MARION
STREET ADDRESS	550 S OCEAN BLVD
CITY-ST-ZIP	BOCA RATON, FL 00000 33432
TITLE	<input type="checkbox"/> DELETE
NAME	SD HORWITCH, ERNESTINE
STREET ADDRESS	550 S OCEAN BLVD
CITY-ST-ZIP	BOCA RATON, FL 00000 33432
TITLE	<input type="checkbox"/> DELETE
NAME	D WEINER, HOWARD
STREET ADDRESS	550 S OCEAN BLVD
CITY-ST-ZIP	BOCA RATON, FL 00000 33432
TITLE	<input type="checkbox"/> DELETE
NAME	T SCHMALE, FRED
STREET ADDRESS	550 S OCEAN BLVD
CITY-ST-ZIP	BOCA RATON, FL 00000 33432
TITLE	<input type="checkbox"/> DELETE
NAME	D DUBINSKY, IRVING
STREET ADDRESS	550S OCEAN BLVD
CITY-ST-ZIP	BOCA RATON, FL 00000 33432

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P
1.3 STREET ADDRESS	J. Albert Johnson
1.4 CITY-ST-ZIP	550 South Ocean Blvd.
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Boca Raton, FL 33432
2.3 STREET ADDRESS	VP Stanford Brooks
2.4 CITY-ST-ZIP	550 South Ocean Blvd.
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	William Allen
3.4 CITY-ST-ZIP	550 South Ocean Blvd.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Boca Raton, FL 33432
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Fred H. Schmale* **FRED H. SCHMALE** 2-12-98 392-7314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)