

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90066 007 \*\*\*\*\*61.25

**DOCUMENT # 729340**

1. Entity Name

**CHALFONTE CONDOMINIUM APARTMENT ASSOCIATION, INC**

Principal Place of Business

Mailing Address

**550 SOUTH OCEAN BLVD.  
BOCA RATON FL 33432**

**550 SOUTH OCEAN BLVD.  
BOCA RATON FL 33432**

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

**59-1555340**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKER, BILLY L.  
550 SOUTH OCEAN BLVD  
BOCA RATON FL 33432**

Name **Wayne Caldwell**

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

**550 S. Ocean Blvd.**

City Boca Raton

**FL**

Zip Code

**33432**

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.

SIGNATURE

*Wayne C. Caldwell* **Wayne C. Caldwell**

**02-28-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WEINER, HOWARD B</b>	
STREET ADDRESS	<b>550 S OCEAN BLVD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, WILLIAM</b>	
STREET ADDRESS	<b>550 S OCEAN BLVD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KAYE, ELIZABETH</b>	
STREET ADDRESS	<b>550 S OCEAN BLVD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNSON, ALBERT J</b>	
STREET ADDRESS	<b>550 S OCEAN BLVD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SCHMALE, FRED</b>	
STREET ADDRESS	<b>550 S OCEAN BLVD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NAJJAR, ELIJAH</b>	
STREET ADDRESS	<b>550 S OCEAN BLVD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Elizabeth Kaye</b>	
STREET ADDRESS	<b>550 S. Ocean Blvd</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>	
TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Anthony S. Sclafani</b>	
STREET ADDRESS	<b>550 S. Ocean Blvd</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>	
TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Luigi Creatore</b>	
STREET ADDRESS	<b>550 S. Ocean Blvd</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>	
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kurt Goldman</b>	
STREET ADDRESS	<b>550 S. Ocean Blvd</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>	
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Howard Barry Weiner</b>	
STREET ADDRESS	<b>550 S. Ocean Blvd</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>	
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Arthur Abramowitz</b>	
STREET ADDRESS	<b>550 S. Ocean Blvd</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>	

12. 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 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:**

*Wayne C. Caldwell* **Wayne C. Caldwell**

**2/28/02**

Date

Daytime Phone #

CR2E037 (9/01)