2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# 729340

Entity Name: CHALFONTE CONDOMINIUM APARTMENT ASSOCIATION, INC.

Current Principal Place of Business:

550 SOUTH OCEAN BLVD.
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

550 SOUTH OCEAN BLVD.
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 59-1555340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JORDAN, JANET
550 SOUTH OCEAN BLVD
BOCA RATON, FL 33432 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:	P	( ) Delete
Name:	GOLDMAN, KURT	
Address:	550 S OCEAN BLVD	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	V	( ) Delete
Name:	BELL, FRED	
Address:	550 S OCEAN BLVD	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	SD	( ) Delete
Name:	GOLDSTEIN, SANFORD	
Address:	550 S OCEAN BLVD	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	D	( ) Delete
Name:	ABRAMOWITZ, ARTHUR	
Address:	550 S OCEAN BLVD	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	T	( ) Delete
Name:	SCHMALE, FRED	
Address:	500 S OCEAN BLVD	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	D	( ) Delete
Name:	HOPLAMAZIAN, ARIS	
Address:	550S OCEAN BLVD	
City-St-Zip:	BOCA RATON, FL 33432	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FRED SCHMALE T 04/10/2006

Electronic Signature of Signing Officer or Director — Date