DOCUMENT# 719630			Mar 09,	
Entity Name	: CHRISTOPHER HOUSE CONDOMINIUM AF	PARTMENTS,	INC. Secretary	
401 BRINY AVE	cipal Place of Business: .CH, FL 33062-5833		CC29608	567151
Current Mail	ing Address:			
401 BRINY A Pompano e	VE BEACH, FL 33062-5833 US			
FEI Number: 59-1418284			Certificate of Status Desired: Yes	
Name and A	ddress of Current Registered Agent:			
D'AMICO, NICO 401 BRINY AVE 306 POMPANO BEA				
	and the second state of the se	tarad office ar region	corod agont or both in the State of Eler	.,
i ne above nameo	entity submits this statement for the purpose of changing its regis	lered office of regist	ered agent, or both, in the State of Fion	ida.
	entity submits this statement for the purpose of changing its regis : NICOLA D'AMICO	lered onice of regist	ered agent, or both, in the State of Fion	03/09/2013
		lered onice of regist	ereu agent, or bour, in the State of Fiori	
	: NICOLA D'AMICO Electronic Signature of Registered Agent		ereu agent, or bour, in the State of Fion	03/09/2013
SIGNATURE	: NICOLA D'AMICO Electronic Signature of Registered Agent	Title	TREASURER, DIRECTOR	03/09/2013
SIGNATURE	NICOLA D'AMICO Electronic Signature of Registered Agent ctor Detail :			03/09/2013
SIGNATURE Officer/Direc Title	NICOLA D'AMICO Electronic Signature of Registered Agent tor Detail : PRESIDENT, DIRECTOR	Title	TREASURER, DIRECTOR	03/09/2013
SIGNATURE Officer/Direc Title Name	: NICOLA D'AMICO Electronic Signature of Registered Agent ctor Detail : PRESIDENT, DIRECTOR D'AMICO, NICOLA 401 BRINY AVE	Title Name	TREASURER, DIRECTOR FISHMAN, STEVEN J 401 BRINY AVE	03/09/2013 Date
SIGNATURE Officer/Direc Title Name Address	: NICOLA D'AMICO Electronic Signature of Registered Agent ctor Detail : PRESIDENT, DIRECTOR D'AMICO, NICOLA 401 BRINY AVE 306	Title Name Address	TREASURER, DIRECTOR FISHMAN, STEVEN J 401 BRINY AVE APT.309	03/09/2013 Date
SIGNATURE Officer/Direc Title Name Address City-State-Zip:	: NICOLA D'AMICO Electronic Signature of Registered Agent ctor Detail : PRESIDENT, DIRECTOR D'AMICO, NICOLA 401 BRINY AVE 306 POMPANO BEACH FL 33062-5817	Title Name Address City-State-Zip:	TREASURER, DIRECTOR FISHMAN, STEVEN J 401 BRINY AVE APT.309 POMPANO BEACH FL 33062-5	03/09/2013 Date
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title	 NICOLA D'AMICO Electronic Signature of Registered Agent Electronic Signature of Registered Agent PRESIDENT, DIRECTOR D'AMICO, NICOLA 401 BRINY AVE 306 POMPANO BEACH FL 33062-5817 DIRECTOR 	Title Name Address City-State-Zip: Title	TREASURER, DIRECTOR FISHMAN, STEVEN J 401 BRINY AVE APT:309 POMPANO BEACH FL 33062-5 SECRETARY, DIRECTOR	03/09/2013 Date
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name	 NICOLA D'AMICO Electronic Signature of Registered Agent Electronic Signature of Registered Agent PRESIDENT, DIRECTOR D'AMICO, NICOLA 401 BRINY AVE 306 POMPANO BEACH FL 33062-5817 DIRECTOR QURAISHI, OVAIS 401 BRINY AVE 710 	Title Name Address City-State-Zip: Title Name	TREASURER, DIRECTOR FISHMAN, STEVEN J 401 BRINY AVE APT.309 POMPANO BEACH FL 33062-5 SECRETARY, DIRECTOR CONNOLLY, MARY 401 BRINY AVE	03/09/2013 Date
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name Address	: NICOLA D'AMICO Electronic Signature of Registered Agent tor Detail : PRESIDENT, DIRECTOR D'AMICO, NICOLA 401 BRINY AVE 306 POMPANO BEACH FL 33062-5817 DIRECTOR QURAISHI, OVAIS 401 BRINY AVE 710	Title Name Address City-State-Zip: Title Name Address	TREASURER, DIRECTOR FISHMAN, STEVEN J 401 BRINY AVE APT.309 POMPANO BEACH FL 33062-5 SECRETARY, DIRECTOR CONNOLLY, MARY 401 BRINY AVE 315	03/09/2013 Date

I hereby 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 all other like empowered.

Address

City-State-Zip:

SIGNATURE: NICOLA D'AMICO

401 BRINY AVE

CAYLOR, LEE

401 BRINY AVE

City-State-Zip: POMPANO BEACH FL 33062-5817

POMPANO BEACH FL 33062-5827

MAINTENANCE, DIRECTOR

310

302

Address

Title

Name

Address

City-State-Zip:

PRESIDENT

401 BRINY AVE

POMPANO BEACH FL 33062-5830

611

03/09/2013

Electronic Signature of Signing Officer/Director Detail

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT FILED