

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729340

**Entity Name:** CHALFONTE CONDOMINIUM APARTMENT ASSOCIATION, INC.**Current Principal Place of Business:**550 SOUTH OCEAN BLVD.  
BOCA RATON, FL 33432**Current Mailing Address:**550 SOUTH OCEAN BLVD.  
BOCA RATON, FL 33432**FEI Number:** 59-1555340**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASSOCIATED CORPORATE SERVICES, LLC  
6111 BROKEN SOUND PARKWAY NW - STE. 200  
BOCA RATON, FL 33487 US*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NEHMER, JON  
Address        550 S OCEAN BLVD  
City-State-Zip: BOCA RATON FL 33432

Title            DIRECTOR  
Name            HERMAN , LARRY  
Address        550 SOUTH OCEAN BLVD.  
City-State-Zip: BOCA RATON FL 33432

Title            DIRECTOR  
Name            COHEN, ROBERT  
Address        550 SOUTH OCEAN BLVD.  
City-State-Zip: BOCA RATON FL 33432

Title            SECRETARY  
Name            WOOLLEN, ED  
Address        550 SOUTH OCEAN BLVD.  
City-State-Zip: BOCA RATON FL 33432

Title            VP  
Name            COHEN, JOEL  
Address        550 S OCEAN BLVD  
City-State-Zip: BOCA RATON FL 33432

Title            DIRECTOR  
Name            JARACKAS, NANCY  
Address        550 SOUTH OCEAN BLVD.  
City-State-Zip: BOCA RATON FL 33432

Title            TREASURER  
Name            REEVES, ROB  
Address        550 SOUTH OCEAN BLVD.  
City-State-Zip: BOCA RATON FL 33432

Title            VP, 2  
Name            JOHNS, CHARLES  
Address        550 SOUTH OCEAN BLVD  
City-State-Zip: BOCA RATON FL 33432

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*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.*

**SIGNATURE: ROBERT REEVES****TREASURER****02/28/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WALDMAN, HARRY
Address	550 SOUTH OCEAN BLVD.
City-State-Zip:	BOCA RATON FL 33432