

2017 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:**COATES, DONNA
550 SOUTH OCEAN BLVD
BOCA RATON, FL 33432 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:** DONNA COATES

02/16/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

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

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

Continues on page 2

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: DOUG DRESHER

TREASURER

02/16/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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