

2024 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:**HERMAN, LAWRENCE
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:** LAWRENCE HERMAN

03/11/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VICE PRESIDENT, VP
Name SOLOF, CAROLEE
Address 550 S OCEAN BLVD
City-State-Zip: BOCA RATON FL 33432

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

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

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

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

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

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

Title DIRECTOR
Name WHEELER, CHRIS
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: LAWRENCE HERMAN

PRESIDENT

03/11/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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