

2013 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SHULMAN, JIM
Address 550 S OCEAN BLVD
City-State-Zip: BOCA RATON FL 33432

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

Title DIRECTOR
Name LONDONO, ANA
Address 500 S 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 VP
Name CATALANO, BRIAN
Address 550 S OCEAN BLVD
City-State-Zip: BOCA RATON FL 33432

Title SECRETARY
Name CHAINTREUIL, ANN
Address 550 S OCEAN BLVD
City-State-Zip: BOCA RATON FL 33432

Title D
Name JOHNS, CHARLES
Address 550S OCEAN BLVD
City-State-Zip: BOCA RATON FL 33432

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

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: BRIAN CATALANO**TREASURER****03/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date