


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 706771 1. Entity Name 320 CHILEAN CONDOMINIUM INC	
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Principal Place of Business 320 CHILEAN AVE PALM BEACH, FL 33480 US	Mailing Address 320 CHILEAN AVE PALM BEACH, FL 33480 US
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1060405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, BARRY
226 CHILEAN AVE
PALM BEACH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OLIVER, ALBERT 320 CHILEAN AVE #7 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FREDRICKS, DOUGLAS 320 CHILEAN AVE #6 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CALEEN, FAYE 320 CHILIAN AVE #8 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TALTY, CHRIS 320 CHILEAN AVE #1 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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UN00000213399
02/03/05-80069-000 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chris Talty **2/1/05 561-371-4144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CHRIS TALTY