

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90030 032 ****62.25

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1. Entity Name
320 CHILEAN CONDOMINIUM INC



Principal Place of Business
320 CHILEAN AVE
PALM BEACH, FL 33480 US

Mailing Address
320 CHILEAN AVE
PALM BEACH, FL 33480 US

40012413



DO NOT WRITE IN THIS SPACE

01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1060405

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, BARRY
226 CHILEAN AVE
PALM BEACH, FL 33480

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OLIVER, ALBERT
STREET ADDRESS 320 CHILEAN AVE #7
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE VD
NAME FREDRICKS, DOUGLAS
STREET ADDRESS 320 CHILEAN AVE #6
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE SD
NAME CALEEN, FAYE
STREET ADDRESS 320 CHILIAN AVE #8
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE TD
NAME TALTY, CHRIS
STREET ADDRESS 320 CHILEAN AVE #1
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Barry Miller

1/30/06