2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2012
Secretary of State

DOCUMENT# 729340

Entity Name: CHALFONTE CONDOMINIUM APARTMENT ASSOCIATION, INC.

Current Principal Place of Business:

550 SOUTH OCEAN BLVD.
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

550 SOUTH OCEAN BLVD.
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 59-1555340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COATES, DONNA
550 SOUTH OCEAN BLVD
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

Title: VP
Name: CATALANO, BRIAN
Address: 550 S OCEAN BLVD
City-St-Zip: BOCA RATON, FL 33432

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

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

Title: SECR
Name: LONDONO, ANA
Address: 500 S OCEAN BLVD
City-St-Zip: BOCA RATON, FL 33432

Title: D
Name: JOHNS, CHARLES
Address: 550S OCEAN BLVD
City-St-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: JIM SHULMAN PRES 02/20/2012

Electronic Signature of Signing Officer or Director Date