FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 21 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750339 (4)

1. Corporation Name

CHANTECLAIR VILLAS CONDOMINIUM ASSOCIATION NUMBE R ONE, INC.

Principal Place of Business	Mailing Address
1770 PALMLAND DR BOYNTON BEACH FL 33436	1770 PALMLAND DR BOYNTON BEACH FL 33436 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1979
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2031757 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PETROCELLI, FRANK
1741 PALMLAND DR
3300 PGA BLVD #800
BOYNTON BCH FL 33436

10. Name and Address of New Registered Agent

31 Name: Anita G. Pase
32 Street Address (P.O. Box Number is Not Acceptable): 1708 Palmland Dr.
33
34 City: Boynton Bch. FL 35 33436

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Anita G Pase Pres. of Board 4/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	PASE, ANITA	1.2 NAME	
STREET ADDRESS	1708 PALMLAND DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	Vice-Pres. XX ☐ Change ☐ Addition
NAME	KELLER, ROBERT	2.2 NAME	Joseph Baldwin
STREET ADDRESS	1763 PALMLAND DR.	2.3 STREET ADDRESS	1746 Palmland Dr.
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	Boynton Beach, Fl. 33436
TITLE	DS	3.1 TITLE	Secretary XX ☐ Change ☐ Addition
NAME	GOLDSTEIN, ROSE	3.2 NAME	Connie Gaetano
STREET ADDRESS	1769 PALMLAND DR.	3.3 STREET ADDRESS	1736 Palmland Dr.
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	Boynton Beach, Fl. 33436
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, EUGENE	4.2 NAME	
STREET ADDRESS	1764 PALMLAND DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Director XXX ☐ Change ☐ Addition
NAME	BYNE, IRENE	5.2 NAME	Philip Fruitstone
STREET ADDRESS	1757 PALMLAND DR.	5.3 STREET ADDRESS	1718 Palmland Dr.
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	Boynton Beach, Fl. 33436
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anita G Pase, Pres. 4/20/95 407 736 6903
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
ANITA G. PASE