FILE NOW: FILING FEE IS $61.25

FILED
Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33436-6050 US

3. Date Incorporated or Qualified: 12/21/1979
3a. Date of Last Report: 02/09/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PASE, ANITA G.
1708 PALMLAND DR
BOYNTON BCH FL 33436

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PASE, ANITA 1708 PALMLAND DR. BOYNTON BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BALDWIN, JOSEPH 1746 PALMLAND DR BOYNTON BEACH FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	XX Change ☐ Addition VP Garthe, Herta 1755 Palmland Dr. Boynton Beach, Fl. 33436
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GAETANO, CONNIE 1736 PALMLAND DR BOYNTON BEACH FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	XX Change ☐ Addition Sec. Artmann, Jean M. 1769 Palmland Dr. Boynton Beach, Fl. 33436
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WILSON, EUGENE 1764 PALMLAND DR. BOYNTON BCH FL	☒ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	XX Change ☐ Addition Treas. Drankwalter, Richard 1768 Palmland Dr.Boynton Bch.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRUITSTONE, PHILIP 1718 PALMLAND DR BOYNTON BEACH FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	XX Change ☐ Addition Dir. Farrington, Kathleen 1734 Palmland Dr. Boynton Beach, Fl. 33436
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 SIGNATURE REQUIRED 4/5/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0042482