2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750339  1. Entity Name  CHANGECLAIR VILLAS CONDOMINIUM  ASSOCIATION NUMBER ONE, INC.  Principal Place of Business  I 770 PALMIAND DRIVE  BOYNTON BEACH FL, 3343L  BOYNTON BEACH FL, 3343L  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.						Jun 07, 2000 8:00 am Secretary of State 05-13-2000 90045 047 ****61.25			
City & State	•	City & State			4. FEI Numb	er 12/21/19 2031757	* '	oplied For of Applicable	
· Zip	Country Zip Co		untry	5. Certificate	of Status Desired	□ \$8.75 Add Fee Require			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
PASQUALE LOIACONSO					P.O. Box Number is Not Acceptable)				
BOYNTON BEACH PL 33436					1768 PALMLAND DRIVE  STY BOYNTON BEACH  FL ZIDSON 3436				
SIGNATURE	parried epity submits this statement for PASCUALE LOJACO Signature, typed or printed name of registered agent at FILE NOW: FILE NOW: FEE:18:361:25	gour	i. Registera	d Agent eigneture require		Mako		>	
10.	OFFICERS AND DIR	il ECTORS	11.		ADDITIONS/CH	ANGES TO OFFICERS	AND DIRECTORS IN	10	
NAME STREET ADDRESS CITY-ST-ZIP	P. PRANKWALTER, RIC 1768 PALMLAND D BOYNTON BEACH P	CHALD CHALD CIVE CONTRACT CONT					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VP DEROBBIO, SAM 1710 PALMIAND DI BOYNTON BEACH	☐ Delete	_	l			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASE, ANITA 1708 PALMILAND	☐ Delete		l		-	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	POE, ELAINE	DRWE 33 436					Change	Addition	
NAME D STREET ADDRESS CITY-SY-ZIP	D TROCOLA, LOUIS 1732 PALMILAND BOYNTON BEACH	Delve Delve CL 33436		4		4	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deficite	CITY	E Et address - St-Zip			Change	Addition .	
12. I 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 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 amnowered.  SIGNATURE:  SIGNATURE AND TYPEO'OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Degrate Phone #									