

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90224 008 ****61.25

DOCUMENT # 750339

1. Entity Name

**CHANTECLAIR VILLAS CONDOMINIUM ASSOCIATION
NUMBER ONE, INC.**



Principal Place of Business

**1770 PALMLAND DR
BOYNTON BEACH FL 33436**

Mailing Address

**1770 PALMLAND DR
BOYNTON BEACH FL 33436
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2031757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BALDWIN, JOE
1746 PALMLAND DR
BOYNTON BCH FL 33436**

7. Name and Address of New Registered Agent

Name

BELLOFATTO, LOUIS

Street Address (P.O. Box Number is Not Acceptable)

1740 PALMLAND DRIVE

City

BOYNTON BEACH

FL

Zip Code

33436

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

LOUIS BELLOFATTO

Signature, typed or printed name of registered agent and title if applicable

Louis Bellofatto

(NOTE: Registered Agent signature required when reinstating)

2/16/05

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **BALDWIN, JOE**
STREET ADDRESS **1746 PALM LAND DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **D** ☐ Delete
NAME **DEROBIO, DAM**
STREET ADDRESS **1710 PALMLAND DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **D** ☐ Delete
NAME **BELLOFATTO, LOUIS**
STREET ADDRESS **1740 PALMLAND DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **D** ☐ Delete
NAME **GARETANO, CONNIE**
STREET ADDRESS **1736 PALMLAND DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **D** ☐ Delete
NAME **PASE, ANITA**
STREET ADDRESS **1708 ALMLAND DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **TRUCOLA, LOUIS**
STREET ADDRESS **1732 PALMLAND DRIVE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

LOUIS BELLOFATTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Bellofatto

Date

Daytime Phone #

2/16/05

50020093



1st MOORE

CR2E037 (10/04)