


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 750339		
1. Entity Name CHANTECLAIR VILLAS CONDOMINIUM ASSOCIATION NUMBER ONE, INC. ✓		

FILED

06 SEP 20 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1770 PALMLAND DR BOYNTON BEACH, FL 33436 ✓	Mailing Address 1770 PALMLAND DR BOYNTON BEACH, FL 33436 US ✓
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08232006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-2031757 ✓	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BELLOFATTO, LOUIS 1740 PALM LAND DRIVE BOYNTON BCH, FL 33436 ✓	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRUCOLA, LOUIS 1732 PALMLAND DRIVE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	✓ 200080138602 Change <input type="checkbox"/> Addition 09/26/06--01067--020 **\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEROBIO, DAM 1710 PALMLAND DR BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BELLOFATTO, LOUIS 1740 PALMLAND DR BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARETANO, CONNIE 1736 PALMLAND DR BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CROCK SHELIA 1720 PALMLAND DRIVE BOYNTON BEACH, FL, 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PASE, ANITA 1708 ALMLAND DR BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KEATING ROBERT 1702 PALMLAND DR. BOYNTON BEACH, FL. 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

K. Eckel SEP 21 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  PRESIDENT	9/16/06	1-781-986 4668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #