

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90161 048 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**BELLOFATTO, LOUIS
1740 PALM LAND DRIVE
BOYNTON BCH, FL 33436**

Name **ED WALTERS**

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

1726 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

Ed Walters

4/18/07

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 May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☒ Change ☐ Addition
NAME **ANITA PASE**
STREET ADDRESS **1708 PALMLAND DRIVE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **VP** ☒ Delete
NAME **DEROBBIO, DAM**
STREET ADDRESS **1710 PALMLAND DR**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **VP** ☒ Change ☐ Addition
NAME **HENRY WIESZCZEK**
STREET ADDRESS **1725 PALMLAND DRIVE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

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

TITLE **P** ☒ Change ☐ Addition
NAME **ED WALTERS**
STREET ADDRESS **1726 PALMLAND DRIVE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **T** ☐ Delete
NAME **CRONK, SHELIA**
STREET ADDRESS **1720 PALMLAND DR**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

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

TITLE **S** ☐ Delete
NAME **KEATING, ROBERT**
STREET ADDRESS **1702 PALMLAND DR.**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

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

TITLE ☐ Delete
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 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: *Ed Walters*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-07 561-734-8000

Date

Daytime Phone #