2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#750339

FILED Feb 06, 2009 Secretary of State

Entity Name: CHANTECLAIR VILLAS CONDOMINIUM ASSOCIATION NUMBER ONE, INC.

Current Principal Place of Business: New Principal Place of Business: 1770 PALMLAND DR BOYNTON BEACH, FL 33436 **Current Mailing Address: New Mailing Address:** 1770 PALMLAND DR BOYNTON BEACH, FL 33436 US FEI Number: 59-2031757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BELLOFATTO, LOUIS 1770 PALMLAND DRIVE BOYNTON BEACH, FL 33436 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WIESZOZEK, HENRY Name: Name: 1725 PALMLAND DRIVE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: Title: () Delete () Change () Addition DEROBBIO, SABATINO Name: Name: Address: 1710 PALMLAND DRIVE Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: () Delete Title: (X) Change () Addition WALTERS, ED BELLOFATTO, LOUIS Name: Name: 1740 PALM LAND DR Address: 1726 PALM LAND DR Address: BOYNTON BEACH, FL 33436 City-St-Zip: City-St-Zip: BOYNTON BEACH, FL 33436 Title: () Delete Title: () Change () Addition Name: CRONK, SHELIA Name: 1720 PALMLAND DR Address: Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: () Delete Title: (X) Change () Addition KEATING, ROBERT GARETANO, CONNIE Name: Name: 1702 PALMLAND DR. 1702 PALMLAND DR. Address: Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOYNTON BEACH, FL 33436 Title: (X) Delete Title: () Change () Addition BELLOFATTO, LOUIS Name: Name: Address: 1740 PALMLAND DRIVE Address: BOYNTON BEACH, FL 33436 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS BELLOFATTO P 02/06/2009