

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90090 041 ****61.25

0035594

DOCUMENT # 755920

1. Entity Name

CHANTECLAIR VILLAS CONDOMINIUM ASSOCIATION NUMBER TWO, INC.

Principal Place of Business

Mailing Address

1600 PALMLAND DRIVE
 BOYNTON BCH FL 33436

1600 PALMLAND DRIVE
 BOYNTON BCH FL 33436

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

59-2173462

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

REDDEN, JEANNE B
 1635 PALMLAND DR.VE
 BOYNTON BEACH FL 33436

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.

SIGNATURE

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

Jeanne B. Redden
 (NOTE: Registered Agent signature required when reinstating)

3-1-2002

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TURNBAUGH, THOMAS 1656 PALMLAND DRIVE BOYNTON BEACH FL 33436	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WALSH, MARGARET 1660 PALMLAND DRIVE BOYNTON BEACH FL 33436	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REDDEN, GEORGE E 1635 PALMLAND DR. BOYNTON BEACH FL 33436	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEPOTO, BERNICE 1659 PALMLAND DR BOYNTON BEACH FL 33436	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELOS-SANTOS, NORA 1654 PALMLAND DRIVE BOYNTON BEACH FL 33436	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAYLOR, Emily 1651 PALMLAND DR. Boynton Bch, FL. 33436	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALSH, MARGARET 1660 PALMLAND DR. Boynton Bch, FL. 33436	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-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 empowered.

SIGNATURE:

THOMAS TURNBAUGH, President

Thomas Turnbaugh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)