## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 16, 2004 8:00 am **Secretary of State DOCUMENT # 755920** 1. Entity Name 02-16-2004 90056 020 \*\*\*\*61.25 CHANTECLAIR VILLAS CONDOMINIUM ASSOCIATION NUMBER TWO, INC. Principal Place of Business Mailing Address 1600 PALMLAND DRIVE 1600 PALMLAND DRIVE **BOYNTON BCH FL 33436 BOYNTON BCH FL 33436** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2173462 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name\_\_\_ REDDEN, JEANNE B Street Address (P.O. Box Number is Not Acceptable) 1635 PALMLAND DR.VE **BOYNTON BEACH FL 33436** 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 little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition TURNBAUGH, THOMAS NAME NAME 1656 PALMLAND DRIVE STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-ZIP 🛣 Delete TITLE TITLE **Change** ☐ Addition TAYLOR, EMILY NAME 1651 PALMLAND DR STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE REDDEN, GEORGE E NAME NAME 1635 PALMLAND DR. STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition WALSH, MARGARET NAME NAME 1660 PALMLAND DR STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition DELOS-SANTOS, NORA Ader, Delvina 1642 PALMIAND Dr. BOYNTON BCh. FC. S NAME NAME 1654 PALMLAND DRIVE STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

2/9/04 (561) 136-1817

FILED