

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 755920</b>					
<b>1. Entity Name</b> CHANTECLAIR VILLAS CONDOMINIUM ASSOCIATION NUMBER TWO, INC.					
<b>Principal Place of Business</b> 1600 PALMLAND DRIVE BOYNTON BCH, FL 33436			<b>Mailing Address</b> 1600 PALMLAND DRIVE BOYNTON BCH, FL 33436		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2173462	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
TURNBAUGH, THOMAS 1635 PALMLAND DR. BOYNTON BEACH, FL 33436			Name Street Address (P.O. Box Number is Not Acceptable) City		
			City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TURNBAUGH, THOMAS	NAME	U00000680218		
STREET ADDRESS	1656 PALMLAND DRIVE	STREET ADDRESS	04/03/07-80070-004 61.25		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADER, DELVINA	NAME			
STREET ADDRESS	1667 PALMLAND DRIVE	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KSHONZ, LINDA	NAME			
STREET ADDRESS	1635 PALMLAND DR.	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALSH, MARGARET	NAME			
STREET ADDRESS	1660 PALMLAND DR	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PORTER, JOHN	NAME			
STREET ADDRESS	1642 PALMLAND DR.	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUCHOPAR, RICHARD	NAME			
STREET ADDRESS	1643 PALMLAND DR	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP			
<b>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</b>					
<b>SIGNATURE:</b> 		John Porter		02/09/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	