


FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90025 036 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

| | | | | | |
|--|--|--|--|---|--|
| DOCUMENT # 755920 1. Entity Name CHANTECLAIR VILLAS CONDOMINIUM ASSOCIATION NUMBER TWO, INC. | | | |  | |
| Principal Place of Business 1600 PALMLAND DRIVE BOYNTON BCH, FL 33436 | | Mailing Address 1600 PALMLAND DRIVE BOYNTON BCH, FL 33436 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2173462 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TURNBAUGH, THOMAS 1635 PALMLAND DR. BOYNTON BEACH, FL 33436 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1636 Palmland Dr. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <i>Thomas Turnbaugh VP</i> | | (NOTE: Registered Agent signature required when renouncing) | | Date 2/1/2008 | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 VP | <input type="checkbox"/> Delete | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME TURNBAUGH, THOMAS | | | NAME | | |
| STREET ADDRESS 1656 PALMLAND DRIVE | | | STREET ADDRESS | | |
| 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 checked="" type="checkbox"/> Delete | | TITLE SHEILA M. BEAUCHAINE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME KSHONZ, LINDA | | | NAME 1651 PALMLAND DR | | |
| STREET ADDRESS 1635 PALMLAND DR. | | | STREET ADDRESS BOYNTON BEACH, FL- 33036 | | |
| 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 checked="" 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 | | |
| 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: <i>Delvin M. Ader, Pres.</i> | | | Date 2-1-2008 561-736-9049 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |

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