

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755920

FILED  
Feb 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1600 PALMLAND DRIVE  
BOYNTON BCH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

1600 PALMLAND DRIVE  
BOYNTON BCH, FL 33436

**New Mailing Address:**

FEI Number: 59-2173462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TURNBAUGH, THOMAS  
1656 PALMLAND DR  
BOYNTON BEACH, FL 33436 US

**Name and Address of New Registered Agent:**

ADER, DELVINA  
1642 PALMLAND DR  
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: DELVINA ADER

02/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: TURNBAUGH, THOMAS  
Address: 1656 PALMLAND DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: P ( ) Delete  
Name: ADER, DELVINA  
Address: 1667 PALMLAND DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: T ( ) Delete  
Name: BEAUCHHINE, SHEILA M  
Address: 1651 PALMLAND DR  
City-St-Zip: BOYNTEN BEACH, FL 33036

Title: SD ( ) Delete  
Name: WALSH, MARGARET  
Address: 1660 PALMLAND DR  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D ( ) Delete  
Name: SUCHOPAR, RICHARD  
Address: 1643 PALMLAND DR  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: ADER, DELVINA  
Address: 1642 PALMLAND DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: T (X) Change ( ) Addition  
Name: STALL, ALBERT  
Address: 1626 PALMLAND DR  
City-St-Zip: BOYNTEN BEACH, FL 33036

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DELVINA ADER

P

02/23/2009

Electronic Signature of Signing Officer or Director

Date