

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