

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 766630

1. Entity Name
301 CHILEAN AVENUE CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
301 CHILIAN AVE
#3
PALM BCH, FL 33480 US

Mailing Address
301 CHILIAN AVE
3
PALM BCH, FL 33480 US



02092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2289072
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOWDLE, ELIZABETH S
301 CHILIAN AVE
3
PALM BCH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

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: *Elizabeth Dowdle*
Signature, typed or printed name of registered agent and title if applicable.

ELIZABETH DOWDLE
(NOTE: Registered Agent signature required when reinstating)

2.9.05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DOWDLE, ELIZABETH
STREET ADDRESS 301 CHILIAN AVE
CITY-ST-ZIP PALM BCH, FL

TITLE VD
NAME FERRARA, GERALDINE
STREET ADDRESS 301 CHILEAN AVE.
CITY-ST-ZIP PALM BEACH, FL 33408

TITLE TDS
NAME DOTOLI, FRANK
STREET ADDRESS 301 CHILIAN AVE.
CITY-ST-ZIP PALM BCH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
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CITY-ST-ZIP

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02/12/05-80020-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: *Elizabeth Dowdle* ELIZABETH DOWDLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Feb. 2005
Date

561 659 6003
Daytime Phone #