2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F75171

CHAPIN REALTY ASSOCIATES, INC.



Principal Place of Business

Mailing Address

2560 RCA BOULEVARD

SUITE 112 PALM BEACH GARDENS, FL 33410 2560 RCA BOULEVARD

SUITE 112

PALM BEACAH GARDENS, FL 33410

FILED Apr 13, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01162007	No Chg-P	CR2E034 (11	/05)
4 FEI Number			Applied For

59-2214317

Not Applicable

\$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

CHAPIN, ROY DIII 2560 RCA BLVD STE 112

DO NOT WRITE IN THIS SPACE

WEST PALM BEACH, FL 33410				IN THIS STAGE		
	named entity submits this statement for the pions of registered agent.	surpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE						
	Signature, typed or printed name of registered agent and title it	applicable. (NOTE, Registere	ed Agent signatur	required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS CHAPIN, ROY D III 401 QUADRNT RD N PALM BEACH, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		,		U00000705201 04/23/07-80043-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			\$.	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				• .	-	
TITLE NAME STREET ADDRESS		, , , , , , , , , , , , , , , , , , , ,		2		

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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:

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND

561)630-0701