

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90093 019 ****61.25

DOCUMENT # N03000004297 1. Entity Name CHAMBORD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442				Mailing Address 666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442	
2. Principal Place of Business - No P.O. Box # 2.		3. Mailing Address 3912 Via Ponce de Leon Dr			
Suite, Apt. #, etc. Suite 9		Suite, Apt. #, etc. Suite 9			
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL			
Zip 33467		Country USA		4. FEI Number 43-2064333	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COREN, GEORGE 666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442				7. Name and Address of New Registered Agent Name CONOBIL PROPERT MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 3912 VIA PONCE DE LEON DR SUITE 9 City LAKE WORTH FL Zip Code 33467	
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 PD NAME COREN, GEORGE J STREET ADDRESS 666 SOUTH MILITARY TRAIL CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete		TITLE BILL, GLOFFER / Treasurer NAME 354 Chambard Ter STREET ADDRESS Paln Beach Gardens, FL 33410 CITY-ST-ZIP 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME SMITH, LENNIE F STREET ADDRESS 666 SOUTH MILITARY TRAIL CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete		TITLE Vice President NAME CANLOSSE STREET ADDRESS 252 Chambard Ter CITY-ST-ZIP Paln Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME BROCK, BONITA STREET ADDRESS 666 SOUTH MILITARY TRAIL CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete		TITLE Sec. NAME JOE FIALLA STREET ADDRESS 245 Chambard Ter CITY-ST-ZIP Paln Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>RL L</u> <u>BRANK J. HOFF</u>			Date <u>4-30-2007</u> Daytime Phone # <u>561-432-2003</u>		