

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

40019697

02-19-2007 90044 004 \*\*\*\*70.00

**DOCUMENT # N15216**

1. Entity Name  
**CHARTER CAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**21045 COMMERCIAL PARK  
 BOCA RATON, FL 33486**

Mailing Address  
**21045 COMMERCIAL PARK  
 BOCA RATON, FL 33486**

**40019697**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2610758**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WILLIAM K. ISAACSON,  
 21045 COMMERCIAL PARK  
 BOCA RATON, FL 33486**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$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 ☐ Delete  
 NAME BOOK, FAITH  
 STREET ADDRESS 19861-C PLANTERS BLVD  
 CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPD ☐ Delete  
 NAME RACKSON, CHESTER  
 STREET ADDRESS 19884 B PLANTERS BLVD  
 CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD ☒ Delete  
 NAME GREENFIELD, RICHARD  
 STREET ADDRESS 19884-A PLANTERS BLVD.  
 CITY-ST-ZIP BOCA RATON, FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S ☒ Delete  
 NAME ENGLENDER, MICHAEL  
 STREET ADDRESS 19884-C PLANTERS BLVD  
 CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ Change ☒ Addition  
 NAME **S**  
 STREET ADDRESS **Joan Schepps**  
 CITY-ST-ZIP **19861-D Planters Blvd.**  
**Boca Raton, FL 33434**

TITLE D ☐ Delete  
 NAME CAPE, CONRAD  
 STREET ADDRESS 19855-C PLANTERS BLVD  
 CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☒ Change ☐ Addition  
 NAME **TD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **VP**  
 STREET ADDRESS **Patricia Ratchford**  
 CITY-ST-ZIP **19855-A Planters Blvd.**  
**Boca Raton FL 33434**

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: Paul Book  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07 561-487-9790  
 Date Daytime Phone #