

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000000746**

1. Entity Name

THE CHILIAN COURT CONDOMINIUM ASSOCIATION, INC.**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90048 001 ****61.25

Principal Place of Business

226 CHILIAN AVENUE
PALM BEACH FL 33480

Mailing Address

C/O GUY RABIDEAU, ESQ.-WINTHROP STIMSON
125 AVENUE, SUITE 310
PALM BEACH FL 33480

00010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Palm Beach

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2952

Suite, Apt. #, etc.

City & State

City & State

Palm Beach, FL

4. FEI Number

65-0574104

Applied For

Not Applied

Zip

Country

Zip

Country

33480**USA**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

MCCARTHY, R. HARRISON
520 S. OCEAN BLVD.
PALM BEACH FL 33480Name **M. Robert Chaffee**Street Address (P.O. Box Number is Not Acceptable)
380 S. County Road, #202City **Palm Beach, FL****FL**Zip Code
33480

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-00**FILE NOW:**
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRETELLA, ELEANOR	
STREET ADDRESS	57 SEAVIEW AVENUE	
CITY-ST-ZIP	BRANFORD CT 06405	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, RICHARD H	
STREET ADDRESS	520 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, R. HARRISON	
STREET ADDRESS	520 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, R. HARRISON	
STREET ADDRESS	520 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director & President	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	M. Robert Chaffee	
STREET ADDRESS	380 S. County Road, #202	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	Dir, Sec. & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Paul E. Sklansky	
STREET ADDRESS	380 S. County Road, #202	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	Director, Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Mrs. Sunni Cretella	
STREET ADDRESS	226 Chilian Avenue, #5, Palm Beach	
CITY-ST-ZIP	FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-00 (86) 833-03