2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # N9400000746 1. Entity Name 04-03-2001 90050 044 ****61.25 THE CHILIAN COURT CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 226 CHILIAN AVENUE PO BOX 2952 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address 226 CHILIAN AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0574104 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCARTHY, R. HARRISON 520 S. OCEAN BLVD. PALM BEACH FL 33480 City 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. 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PRESIDENT & Change DP **X** Delete DIRECTOIZ-TITLE TITLE BARRY MILLER #1 CHAFFEE, M ROBERT NAME NAME STREET ADDRESS STREET ADORESS 380 S COUNTY ROAD # 202 CITY-ST-ZIP PALM BEACH, FL CITY-ST-7IP PALM BEACH FL 33480 Change ■ Addition TITLE TITLE DST Delete RICHARD CRETELLA SKLANSKY, PAUL E NAME NAME 226 CHILIAN AVE # 5 STREET ADDRESS STREET ADDRESS 380 S COUNTY RD # 202 PALM BEACH, OC 3348U CITY:ST-ZIP = == CITY:ST-ZIP PALM BEACH FL 33480 X Delete **C**hange Addition TITLE CHRIS NAME VE#6 NAME CRETELLA, MRS SUMNI 226 CHILIAN A STREET ADDRESS STREET ADDRESS 226 CHILIAN AVE # 5 33480 CITY-ST-ZIP CITY-ST-7IP PALM BEACH FL PALM BEACH FL 33480 Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP 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 if

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

SIGNATURE: SIGNATURE AND TYPED OR PRIMED MANE OF SIGNING OFFICER OR DIRECTOR

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