

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000000746

1. Entity Name
THE CHILIAN COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**226 CHILIAN AVENUE
PALM BEACH, FL 33480**

Mailing Address
**226 CHILIAN AVENUE
APT #1
PALM BEACH, FL 33480**



01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0574104

Applied For
Not Applied

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MILLER, BARRY
226 CHILIAN AVE #1
PALM BEACH, FL 33480**

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000105728
04/07/04-80037-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MILLER, BARRY
STREET ADDRESS	226 CHILIAN AVE #1
CITY- ST- ZIP	PALM BEACH, FL 33480
TITLE	DVP
NAME	CRETELLA, RICHARD
STREET ADDRESS	226 CHILIAN AVE #5
CITY- ST- ZIP	PALM BEACH, FL 33480
TITLE	DST
NAME	CRETELLA, SUNNI
STREET ADDRESS	226 CHILIAN AVE. #5
CITY- ST- ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Barry Miller, PRESIDENT 4/5/04