


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000000746</b> 1. Entity Name <b>THE CHILIAN COURT CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business  
226 CHILIAN AVENUE  
PALM BEACH, FL 33480

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



02012005 No Chg NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0574104</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

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

1100000213087  
02/03/05-80056-009 61.25

**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)(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:** *Barry Miller* **BARRY MILLER** 2/1/05 561-818-7558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #