## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N94000000746**

1. Entity Name

THE CHILIAN COURT CONDOMINIUM ASSOCIATION, INC.



FILED Feb 01, 2006 08:00 AN Secretary of State

Principal Place of Business

226 CHILIAN AVENUE PALM BEACH, FL 33480 Mailing Address

226 CHILIAN AVENUE APT #1 PALM BEACH, FL 33480



DO NOT WRITE IN THIS SPACE

01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0574104 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 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

	named entity submits this statement for the tilons of registered agent.	purpose of changing its registered	office or r	registered agent, or bo	oth, in the State of Fiorida. I am familiar with, and accept		
SIGNATURE.				<u> </u>			
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered agent and titl	e if applicable (NOTE: Registered A	gent signatur	e required when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financi     Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				<del></del>	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, BARRY 226 CHILIAN AVE #1 PALM BEACH, FL 33480		•		02/11/06-80036-009 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CRETELLA, RICHARD 226 CHILIAN AVE #5 PALM BEACH, FL 33480			# 1 <b>=</b>			
TITLE NAME Street address City-St-Zip	DST CRETELLA, SUNNI 226 CHILIAN AVE. #5 PALM BEACH, FL 33480			DO	O NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_			
nne j		1					

12. I hereby certify that the information supplied with this filling 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.

CICALATUDE.

NAME STREET ADDRESS

Milla

1/30/06