


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
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
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DO NOT WRITE IN THIS SPACE



04022007 No Chg-NP CR2E037 (4/06)

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

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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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04/12/07-80006-007 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 or empowered.

SIGNATURE: *Barry Miller* **4/3/07** **561-659-0866**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #