2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000000746

1. Entity Name

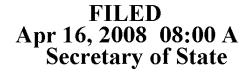
THE CHILIAN COURT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

226 CHILIAN AVENUE PALM BEACH, FL 33480 Mailing Address

226 CHILIAN AVENUE APT #1

PALM BEACH, FL 33480





04122008 No Chg-NP

CR2E037 (4/06)

| | | | | \$8.7 | 15 | Additional |
|----|---------|-------|--|-----------|----|----------------|
| | 65-05 | 74104 | | | | Not Applicable |
| 4. | FEI Num | ber | | | | Applied For |

.

5. Certificate of Status Desired

Fee Required

<u>.</u>

6. Name and Address of Current Registered Agent

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

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| | named entity submits this statement for the | le purpose of changing its registere | d office or 1 | egistered agent, or bot | h, in the State of Florida. I a | m familiar with, and accept |
|--|--|--|-----------------|---|---------------------------------|--|
| SIGNATURE. | Signature, typied or printed name of registered agent and | title if applicable. (NOTE, Registered | Agent algnature | required when reinstaling) | DAT | |
| | Filing Fee is \$61.25 Due by May 1, 2008 | Election Campaign Finance Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | U00000900: 04/29/08-800 | 517 33-005, 150, 00 |
| 10. | OFFICERS AND DIF | RECTORS | | , | | . . |
| 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 | | , | DO | NOT WRIT | E |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | : | | IN T | THIS SPAC | E |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | , , | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | setly that the information supplied with this | Sills and an about the desire | | | | |

14. Interest certain that the information supplied with this taling 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.P. 4-12-08 561-835-4102

Daytime Phon