

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000746

FILED  
May 05, 2009  
Secretary of State

**Entity Name:** THE CHILIAN COURT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

226 CHILIAN AVENUE  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

226 CHILIAN AVENUE  
APT #1  
PALM BEACH, FL 33480

**New Mailing Address:**

226 CHILIAN AVENUE  
APT #3  
PALM BEACH, FL 33480

**FEI Number:** 65-0574104      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

MILLER, BARRY  
226 CHILIAN AVE #3  
PALM BEACH, FL 33480      US

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.

SIGNATURE: \_\_\_\_\_

05/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: MILLER, BARRY  
Address: 226 CHILIAN AVE #1  
City-St-Zip: PALM BEACH, FL 33480

Title: DVP      ( ) Delete  
Name: CRETELLA, RICHARD  
Address: 226 CHILIAN AVE #5  
City-St-Zip: PALM BEACH, FL 33480

Title: DST      (X) Delete  
Name: CRETELLA, SUNNI  
Address: 226 CHILIAN AVE. #5  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP      (X) Change ( ) Addition  
Name: MILLER, BARRY  
Address: 226 CHILIAN AVE #3  
City-St-Zip: PALM BEACH, FL 33480

Title: DST      (X) Change ( ) Addition  
Name: CRETELLA, SUNNI  
Address: 226 CHILIAN AVE #5  
City-St-Zip: PALM BEACH, FL 33480

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY A. MILLER

DP

05/05/2009

Electronic Signature of Signing Officer or Director

Date