

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90220 007 \*\*\*150.00

DOCUMENT # P98000028681

1. Corporation Name  
CHALFONT ASSOC., INC.

Principal Place of Business  
10708 FLOTILLA COURT  
HOBE SOUND FL 33455

Mailing Address  
10708 FLOTILLA COURT  
HOBE SOUND FL 33455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1998

4. FEI Number

65-0885332

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAMBERG, SCOTT  
10708 FLOTILLA COURT  
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5674 SE Orange Blossom Tr.

83

84 City

Hobe Sound

FL

85 Zip Code

33455

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME  
DAMBERG, REBECCA  
STREET ADDRESS  
10708 FLOTILLA COURT  
CITY-ST-ZIP  
HOBE SOUND FL 33455

TITLE D ☐ DELETE

NAME  
DAMBERG, SCOTT  
STREET ADDRESS  
10708 FLOTILLA COURT  
CITY-ST-ZIP  
HOBE SOUND FL 33455

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Same ☒ Change ☐ Addition

1.2 NAME Same

1.3 STREET ADDRESS 5674 SE Orange Blossom Tr.

1.4 CITY-ST-ZIP Hobe Sound FL 33455

2.1 TITLE Same ☒ Change ☐ Addition

2.2 NAME Same

2.3 STREET ADDRESS 5674 SE Orange Blossom Tr.

2.4 CITY-ST-ZIP Hobe Sound FL 33455

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Damberg  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99 (561)781-9333  
Date Daytime Phone #

CR2E034 (11/98)

0350657