

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755920

Entity Name: CHANTECLAIR VILLAS CONDOMINIUM ASSOCIATION
NUMBER TWO, INC.**FILED**
Mar 25, 2023
Secretary of State
5961982338CC**Current Principal Place of Business:**C/O 21 S.E. 5TH STREET
SUITE #200
BOCA RATON, FL 33432**Current Mailing Address:**C/O 21 S.E. 5TH STREET
SUITE #200
BOCA RATON, FL 33432 US**FEI Number: 59-2173462****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KONYK LAW PA
140 INTRACOASTAL POINTE DR
310
JUPITER, FL 33477 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:** CHELLE KONYK**03/25/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	KSHONZ, LINDA
Address	C/O 21 S.E. 5TH STREET SUITE #200
City-State-Zip:	BOCA RATON FL 33432

Title	DIRECTOR
Name	CONTI, CARMEN
Address	C/O 21 S.E. 5TH STREET SUITE #200
City-State-Zip:	BOCA RATON FL 33432

Title	PRESIDENT
Name	COOPER, PETER
Address	C/O 21 S.E. 5TH STREET SUITE #200
City-State-Zip:	BOCA RATON FL 33432

Title	SECRETARY, TREASURER
Name	CAMBELL, HARRIET
Address	C/O 21 S.E. 5TH STREET SUITE #200
City-State-Zip:	BOCA RATON FL 33432

Title	DIRECTOR
Name	LONG, ROBERT
Address	C/O 21 S.E. 5TH STREET SUITE #200
City-State-Zip:	BOCA RATON FL 33432

I hereby 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 all other like empowered.

SIGNATURE: PETER COOPER**PRESIDENT****03/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date