

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755920

Entity Name: CHANTECLAIR VILLAS CONDOMINIUM ASSOCIATION
NUMBER TWO, INC.**FILED**
Apr 12, 2019
Secretary of State
7653915233CC**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**04/12/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title	DIRECTOR
Name	GETTLEMAN, FRED
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: LINDA KSHONZ**PRESIDENT****04/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date