

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -2 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **742425** (2)

1. Corporation Name
CHATHAM D CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
CHATHAM D-82 WEST PALM BEACH FL 33417 **CHATHAM D-82 WEST PALM BEACH FL 33417**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/14/1978** 3a. Date of Last Report **02/04/1994**
4. FEI Number **59-1819319** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MARMORSTEIN, BERNARD
CHATHAM D-82
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
SD ACKERMAN, JOYCE CHATHAM D 80 C.V. WEST PALM BEACH FL
PD MARMORSTEIN, BERNARD CHATHAM D-82 CEN.VILLAGE WEST PALM BEACH FL
D KIRSON, RAE CHATHAM D 82 WEST PALM BEACH FL
VP WEITZ, NATHAN CHATHAM D 84 CEN. VIL. WEST PALM BEACH FL
TR FRIEDMAN, MILTON CHATHAM D-75 CEN.VILLAGE WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME **D SYLVIA ABROMOWITZ**
3.3 STREET ADDRESS **CHATHAM D-74**
3.4 CITY-ST-ZIP **WEST PALM BEACH, FL**
4.1 TITLE Change Addition
4.2 NAME **VP-D WILLIAM MELENDZ**
4.3 STREET ADDRESS **CHATHAM D-91**
4.4 CITY-ST-ZIP **WEST PALM BEACH, FL.**
5.1 TITLE Change Addition
5.2 NAME **TD DOROTHY WARRINGTON**
5.3 STREET ADDRESS **CHATHAM-79**
5.4 CITY-ST-ZIP **WEST PALM BEACH, FL.**
6.1 TITLE Change Addition
6.2 NAME **D MIRIAM MENDEL**
6.3 STREET ADDRESS **CHATHAM D-86**
6.4 CITY-ST-ZIP **WEST PALM BEACH, FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bernard Marmorstein 2/27/95 407-689-8157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Signature Print Name)
BERNARD MARMORSTEIN