


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90297 045 ****61.25

DOCUMENT # 742425
 1. Entity Name
 CHATHAM D CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 CHATHAM D-94
 WEST PALM BEACH, FL 33417

Mailing Address
 94 CHATHAM D
 WEST PALM BEACH, FL 33417

50042106

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 SEACREST SERVICES, INC.
 2400 CENTRE PARK W. DRIVE
 #175
 WEST PALM BEACH, FL 33409



03182005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1819319 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COLEMAN, WILLIAM W
 94 CHATHAM D
 WEST PALM BEACH, FL 33417

7. Name and Address of New Registered Agent
 Name Ralph H. Demarest
 Street Address (P.O. Box Number is Not Acceptable)
77 Chatham D
W Palm Beach Fl
 City FL Zip Code 33417

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ralph Demarest DATE: 4-7-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Filing Fee is \$61.25 Due by May 1, 2005

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARRINGTON, DOROTHY CHATHAM -79 WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NUTKIEWICZ, NEIL 73 CHATHAM D. CEN VILLAGE WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERDOFF, HARRIET 73 CHATHAM D CEN VILLAGE WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLEMAN, WILLIAM 94 CHATHAM D CEN VILLAGE WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer MARIE G DEMAREST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 77 Chatham D W. Palm Beach Fl, 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dick Sacco <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chatham D West Palm Beach Fl 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Joyce Akerman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 80 Chatham D W Palm Beach, Fl 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Ralph Demarest <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 77 Chatham D W Palm Beach Fl 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marie G Demarest DATE: 4-4-05 DAYTIME PHONE #: 561-478-3669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR