


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90058 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 SEACREST SERVICES, INC. 2400 CENTRE PARK W. DRIVE # 175 WEST PALM BEACH, FL 33409	
2. Principal Place of Business - No P.O. Box # CHATHAM D 93		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State W. PALM BEACH		City & State	
Zip 33417	Country PALM BEACH	Zip	Country
6. Name and Address of Current Registered Agent NUTKIEWICZ, NADAV CHATHAM D WEST PALM BEACH, FL 33417		7. Name and Address of New Registered Agent Name <u>DEBORAH SACCO</u> Street Address (P.O. Box Number is Not Acceptable) <u>93 CHATHAM D</u> City <u>W. PALM BEACH</u> <u>FL</u> Zip Code <u>33417</u>	
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 <u>Deborah Sacco Deborah Sacco</u>		DATE <u>2-6-08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALENT, ROBERT 91 CHATHAM D WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DEBORAH SACCO</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>93 CHATHAM D</u> <u>W. PALM BEACH, FL 33417</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALENT, SANDRA 91 CHATHAM D WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PITTEL, GEORGE 81 CHATHAM D WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>IRENE KAUFMAN</u> <u>77 CHATHAM D</u> <u>W. PALM BEACH, FL 33417</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NUTKIEWICZ, NADAV CHATHAM D WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>RICHARD SACCO</u> <u>93 CHATHAM D</u> <u>W. PALM BEACH, FL 33417</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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: <u>Deborah Sacco Deborah Sacco</u>		Date <u>2-6-08</u> Daytime Phone # <u>561-616-3319</u>	