

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90073 033 \*\*\*\*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  
**CHATHAM D-94  
WEST PALM BEACH FL 33417**

2. Principal Place of Business

3. Mailing Address

**94 CHATHAM D.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

**MARMORSTEIN, BERNARD  
CHATHAM D-82  
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name **WILLIAM W. COLEMAN**

Street Address (P.O. Box Number is Not Acceptable)

**94 CHATHAM D.**

City **WEST PALM BEACH**

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

*William W. Coleman* **William Coleman**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/16/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	<b>S</b> <b>MARMORSTEIN, BERNARD</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>CHATHAM D-82 CEN.VILLAGE WEST PALM BEACH FL 33417</b>	
TITLE NAME	<b>VPD</b> <b>BRAMOWITZ, SYLVIA</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>CHATHAM D-74 WEST PALM BEACH FL 33417</b>	
TITLE NAME	<b>TD</b> <b>WARRINGTON, DOROTHY</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>CHATHAM -79 WEST PALM BEACH FL 33417</b>	
TITLE NAME	<b>VPD</b> <b>SACCO, RICHARD</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>CHATHAM D 93 WEST PALM BEACH FL 33417</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>PRESIDENT</b> <b>WILLIAM W. COLEMAN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>94 CHATHAM D. CEN.VILLAGE WEST PALM BEACH FL 33417</b>	
TITLE NAME	<b>VICE PRESIDENT SR.</b> <b>BERNARD MARMORSTEIN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>82 CHATHAM D. CEN.VILLAGE WEST PALM BEACH FL 33417</b>	
TITLE NAME	<b>TREASURER</b> <b>DOROTHY WARRINGTON</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>79 CHATHAM D. CEN.VILLAGE WEST PALM BEACH FL 33417</b>	
TITLE NAME	<b>JR. VICE PRESIDENT</b> <b>NEIL NUTKIEWICZ</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>73 CHATHAM D. CEN.VILLAGE WEST PALM BEACH FL 33417</b>	
TITLE NAME	<b>SECRETARY</b> <b>HARRIET BERDOFF</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>73 CHATHAM D. CEN.VILLAGE WEST PALM BEACH FL 33417</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

CR2E037 (10/02)

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: *William W. Coleman* **WILLIAM W. COLEMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/16/03 (561) 684-6464**