

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:25

DOCUMENT # 742426 (0)
1. Corporation Name
CHATHAM E CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
CHATHAM E-120 CENTURY VILLAGE WEST PALM BEACH FL 33417
CHATHAM E-120 CENTURY VILLAGE WEST PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/14/1978 3a. Date of Last Report 01/20/1994
4. FEI Number 59-1820315 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

IRVING, ROSS
CHATHAM E-120
WEST PALM BEACH FL 33417

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROSS, IRVING
STREET ADDRESS CHATHAM E-120 CEN VILL
CITY-ST-ZIP WEST PALM BEACH FL

TITLE SD
NAME SCHULTZ, RITA
STREET ADDRESS CHATHAM E-112 CEN VILL
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VD
NAME COHEN, BEN
STREET ADDRESS CHATHAM E-102 CEN VILL
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D
NAME RAAB, SYLVIA
STREET ADDRESS CHATHAM E-109 CENVILL
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D
NAME BLANSHAY, ANN
STREET ADDRESS CHATHAM E-104 CEN VILL
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ST
NAME BONFIELD, FRANCES
STREET ADDRESS CHATHAM E-98 CEN VILL
CITY-ST-ZIP WEST PALM BEACH FL

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
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Irving Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
IRVING ROSS

2/16/95 407-686-2585