

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **04/14/1978**  
3a. Date of Last Report: **02/09/1995**  
4. FEI Number: **59-1820315**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

21. Principal Place of Business: Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

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  
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when existing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>ROSS, IRVING</b> <i>Ben Cohen</i>	1.1 TITLE	<i>President</i>
NAME	<b>ROSS, IRVING</b>	1.2 NAME	<i>BENJAMIN COHEN</i>
STREET ADDRESS	<b>CHATHAM E-120 CEN VILL</b>	1.3 STREET ADDRESS	<i>CHATHAM E-102</i>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	1.4 CITY-ST-ZIP	<i>WPB, FL</i>
TITLE	SD <b>SCHULTZ, RITA</b>	2.1 TITLE	
NAME	<b>SCHULTZ, RITA</b>	2.2 NAME	
STREET ADDRESS	<b>CHATHAM E-112 CEN VILL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	VD <b>COHEN, BEN</b> <i>SCHULTZ, William</i>	3.1 TITLE	<i>Vice President</i>
NAME	<b>COHEN, BEN</b>	3.2 NAME	<i>SCHULTZ, WILLIAM</i>
STREET ADDRESS	<b>CHATHAM E-102 CEN VILL</b>	3.3 STREET ADDRESS	<i>CHATHAM E-112</i>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	3.4 CITY-ST-ZIP	<i>West Palm Beach, FL</i>
TITLE	D <b>RAAB, SYLVIA</b>	4.1 TITLE	
NAME	<b>RAAB, SYLVIA</b>	4.2 NAME	
STREET ADDRESS	<b>CHATHAM E-109 CENVILL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <b>BLANSHAY, ANN</b>	5.1 TITLE	
NAME	<b>BLANSHAY, ANN</b>	5.2 NAME	
STREET ADDRESS	<b>CHATHAM E-104 CEN VILL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	ST <b>BONFIELD, FRANCES</b>	6.1 TITLE	
NAME	<b>BONFIELD, FRANCES</b>	6.2 NAME	
STREET ADDRESS	<b>CHATHAM E-98 CEN VILL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	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 119.07(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: *Benjamin Cohen* 1/25/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)