


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number
59-1820315

Applied For
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
	112 CHATHAM E WEST PALM BEACH FL 33417

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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 **WILLIAM SCHULTZ**

82 Street Address (P.O. Box Number is Not Acceptable)
112 CHATHAM E

83 City **West PALM BEACH** 84 State **FL** 85 Zip Code **33417**

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 *William Schultz*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COHEN, BEN		1.2 NAME	WILLIAM SCHULTZ
STREET ADDRESS CHATHAM E-102 CEN VIL		1.3 STREET ADDRESS	112 CHATHAM E CEN VIL
CITY-ST-ZIP WEST PALM BEACH FL		1.4 CITY-ST-ZIP	West PALM BEACH, FL 33417
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHULTZ, RITA		2.2 NAME	
STREET ADDRESS CHATHAM E-112 CEN VILL		2.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHULTZ, WILLIAM		3.2 NAME	Ben Cohen
STREET ADDRESS CHATHAM 112 CEN CIK		3.3 STREET ADDRESS	102 E CEN VIL
CITY-ST-ZIP WEST PALM BEACH FL		3.4 CITY-ST-ZIP	West PALM BEACH FL 33417
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAAB, SYLVIA		4.2 NAME	
STREET ADDRESS CHATHAM E-109 CENVILL		4.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLANSHAY, ANN		5.2 NAME	
STREET ADDRESS CHATHAM E-104 CEN VILL		5.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		5.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BONFIELD, FRANCES		6.2 NAME	20000247779
STREET ADDRESS CHATHAM E-98 CEN VILL		6.3 STREET ADDRESS	-04/03/98--01015--019
CITY-ST-ZIP WEST PALM BEACH FL		6.4 CITY-ST-ZIP	***183.75

14. 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 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: *William Schultz* **1-561**

CR2E037 (10/97)