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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742426

1. Corporation Name
CHATHAM E CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business CHATHAM E-120 CENTURY VILLAGE WEST PALM BEACH FL 33417	Mailing Address 112 CHATHAM E WEST PALM BEACH FL 33417
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2. Principal Place of Business 21	2a. Mailing Address 26 112 CHATHAM E	3. Date incorporated or Qualified 04/14/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1820315
City & State 23	City & State 28 WEST PALM BEACH	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Zip 29 33417	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SCHULTZ, WILLIAM
112 CHATHAM E
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

84 City **WEST PALM BEACH 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 (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COHEN, BEN	
STREET ADDRESS	102 E CEN VILL	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHULTZ, RITA	
STREET ADDRESS	CHATHAM E-112 CEN VILL	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHULTZ, WILLIAM	
STREET ADDRESS	112 CHATHAM E CEN VIC	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAAB, SYLVIA	
STREET ADDRESS	CHATHAM E-109 CENVILL	
CITY-ST-ZIP	WEST PALM, BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLANSHAY, ANN	
STREET ADDRESS	CHATHAM E-104 CEN VILL	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BONFIELD, FRANCES	
STREET ADDRESS	CHATHAM E-98 CEN VILL	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHULTZ, WILLIAM	
1.3 STREET ADDRESS	112 CHATHAM E CEN VILL	
1.4 CITY-ST-ZIP	WEST PALM BEACH F 33417	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BEN COHEN	
3.3 STREET ADDRESS	102 CHATHAM E CEN VILL	
3.4 CITY-ST-ZIP	WEST PALM BEACH FL 33417	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	COPELAND, DOYLE JR	
4.3 STREET ADDRESS	119 CHATHAM E CEN VILL	
4.4 CITY-ST-ZIP	WEST PALM BEACH FL 33417	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SARA GOLD	
6.3 STREET ADDRESS	117 CHATHAM E CEN VILL	
6.4 CITY-ST-ZIP	WEST PALM BEACH FL 33417	

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** William Schultz 1-8-99 1-561-687-0742

CR2E037 (1/198)