

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90070 019 ****61.25

DOCUMENT # 742426

1. Entity Name

CHATHAM E CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

CHATHAM E-120
 CENTURY VILLAGE
 WEST PALM BEACH FL 33417

112 CHATHAM E
 WEST PALM BEACH FL 33417-1819

J U R I S T



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

CHATHAM E 112
Century Village

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach FL

4. FEI Number

59-1820315

Applied For

(Not Applicable)

Zip

Country

Zip

Country

33417

PALM BEACH

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHULTZ, WILLIAM
 112 CHATHAM E
 WEST PALM BEACH FL 33417

Name

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

City

FL

Zip Code

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.

SIGNATURE

William Schultz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **COHEN, BEN**
 STREET ADDRESS **102 CHATHAM E CEN VILL**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **Director** Change Addition
 NAME **ST LUTTO**
 STREET ADDRESS **108 CHATHAM E**
 CITY-ST-ZIP **West Palm Beach 33417**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **SCHULTZ, WILLIAM**
 STREET ADDRESS **112 CHATHAM E CEN VIC**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **COPELAND, DOYLE JR.**
 STREET ADDRESS **119 CHATHAM E CEN VILL**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **GOLD, SARA**
 STREET ADDRESS **117 CHATHAM E CEN VILL**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **SIGNATURE REQUIRED** *William Schultz* **1-17-00** **1-561-687-074**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #