

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90131 003 \*\*\*\*61.25

**DOCUMENT # 742426**

1. Entity Name  
**CHATHAM E CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>CHATHAM E-112          CENTURY VILLAGE          WEST PALM BEACH FL 33417</b>	Mailing Address <b>112 CHATHAM E          WEST PALM BEACH FL 33417</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-1820315** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCHULTZ, WILLIAM  
 112 CHATHAM E  
 WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LUTTO, SY 108 CHATHAM E WEST PALM BEACH FL 33417</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SCHULTZ, RITA CHATHAM E-112 CEN VILL WEST PALM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SCHULTZ, WILLIAM 112 CHATHAM E CEN VIC WEST PALM BEACH FL 33417</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COPELAND, DOYLE JR. 119 CHATHAM E CEN VILL WEST PALM BEACH FL 33417</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BLANSHAY, ANN CHATHAM E-104 CEN VILL WEST PALM BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST GOLD, SARA 117 CHATHAM E CEN VILL WEST PALM BEACH FL 33417</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. COPELAND DOYLE JR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EFFIE-A DREYFUS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CHATHAM E 97 CEN VILL          WEST PALM BEACH, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOAH VAN ZANT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>105 CHATHAM E CEN VILL          WEST PALM BEACH</b>

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* 1-12-01 1-516 687 0742  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (10/00)