

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90077 034 \*\*\*\*61.25

DOCUMENT # 742426

1. Entity Name

CHATHAM E CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

CHATHAM E-112  
CENTURY VILLAGE  
WEST PALM BEACH FL 33417

112 CHATHAM E  
WEST PALM BEACH FL 33417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1820315

Applied For

Not Applicable

Zip

Country

Zip

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* *President* *2-2-02*

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: D  
NAME: LUTTO, SY  
STREET ADDRESS: 108 CHATHAM E  
CITY-ST-ZIP: WEST PALM BEACH FL 33417  Delete

TITLE: *Arthur Podolsky*  
NAME: *Arthur Podolsky*  
STREET ADDRESS: *107 Chatham E*  
CITY-ST-ZIP: *West Palm Beach FL 33417*  Change  Addition

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

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:  Change  Addition

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

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:  Change  Addition

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

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:  Change  Addition

TITLE: D  
NAME: DREYFUSS, EFFIE A  
STREET ADDRESS: CHATHAM E 97 CEN-VILL  
CITY-ST-ZIP: WEST PALM BEACH FL *BOARD MEMBER*  Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:  Change  Addition

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

TITLE: *ST Lutto*  
NAME: *ST Lutto*  
STREET ADDRESS: *108 Chatham E*  
CITY-ST-ZIP: *West Palm Beach FL 33417*  Change  Addition

2. 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: *William Schultz*  
SIGNATURE REQUIRED *William Schultz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-12-01* *1-561 687074*  
Date Daytime Phone #

156-22037 (9/01)