

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 27 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **742426**

1. Corporation Name

**Chatham E Condominium
Association, Inc**

REINSTATEMENT 04

2. Principal Office Address

119 Chatham E

State, Apt. #, etc.

City & State

W.P.B., FL

Zip

33417

Country

USA

3. Mailing Office Address

**CHATHAM - E. CONDO ASSOC
C/O SEAGREST MAINTENANCE AS
SOCIETY etc CENTRE PARK W. DR.
suite 175 W.P.B. FL 33409**

City & State

W.P.B. FL

Zip

33417

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/14/78

5. FEI Number

591820315

Applied For
(Not Applicable)

6. CERTIFICATE OF STATUS DESIRED

Additional Fee Required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Doyle Copland

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

119 CHATHAM E

State, Apt. #, Etc.

City

West Palm Beach,

000043650780

12/27/04--01083--001 **61.30

State

FL

Zip Code

33417

8. I, being appointed the registered agent of the above named corporation, am familiar with and except the obligations of section 607.0505 or 607.0503, F.S.

Signature of
Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

12-23-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Doyle Copland	119 Chatham E	W.P.B. FL 33417
VP/D	Avis Dreyfuss	97 Chatham E	W.P.B. FL 33417
T/D	Sy Lutto	108 Chatham E	W.P.B. FL 33417
S/D	Sillian McConlogue	101 Chatham E	W.P.B. FL 33417
D	Joan Vanzant	105 Chatham E	W.P.B. FL 33417
D	Arthur Podowski	107 Chatham E	W.P.B. FL 33417

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 118.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-23-04

Date

Daytime Phone #

STATE OF FLORIDA

CHATHAM E CONDOMINIUM ASSOCIATION, INC.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ATT: CORPORATE REINSTATEMENT

December 20th, 2004

Please be advised that the annual statement from the Department of State has not been received for the year 2004. The Board of Administration of Chatham E Condominium Association, Inc., Document # 742246 was under the impression that the accounting department of our service provider was filing annually with the Department of State. They were under the impression that we were handling the filing. The Annual Report Forms were being sent to a past officer of the board who became ill and passed away. This is a 55-and-over community composed of elderly residents, many of whom assume officer positions on the Board for lack of more capable candidates. Kindly approve this request for a waiver of the \$175.00 Reinstatement Fee.

Enclosed is a check in the amount of \$61.25 for the year 2004. Thank you for your consideration in this matter.

Sincerely,



President