


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 742426</b>					
1. Entity Name CHATHAM E CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 119 CHATHAM E WEST PALM BEACH FL 33417			Mailing Address C/O SEACREST MAINTENANCE 24100 CENTRE PARK W DR, STE. 175 WEST PALM BEACH FL 33417		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		1st MOORE CR2E037 (10/04)	
Zip		Country		4. FEI Number 59-1820315	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  COPELAND, DOYLE 119 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		
			<b>FL</b>		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature is required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COPELAND, DOYLE		NAME		
STREET ADDRESS	119 CHATHAM E		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DREYFUSS, AVIS		NAME		
STREET ADDRESS	97 CHATHAM E		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUTTO, SY		NAME		
STREET ADDRESS	108 CHATHAM E		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCONLOGUE, LILLIAN		NAME		
STREET ADDRESS	101 CHATHAM E		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VANZANT, JOAN		NAME		
STREET ADDRESS	105 CHATHAM E		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PODOWSKI, ATHOR		NAME		
STREET ADDRESS	107 CHATHAM E		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		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)(f), 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 addressee, with all other like empowered.					
SIGNATURE: <i>Sy Lutto</i> SY LUTTO			3/22/05 561-684-4467		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		