

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90080 019 ****61.25

DOCUMENT # 742426

1. Entity Name

CHATHAM E CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**CHATHAM E-112
CENTURY VILLAGE
WEST PALM BEACH FL 33417**

Mailing Address

**112 CHATHAM E
WEST PALM BEACH FL 33417**

2. Principal Place of Business

CHATHAM E-99

3. Mailing Address

99 CHATHAM E.

Suite, Apt. #, etc.

CENTURY VILLAGE

Suite, Apt. #, etc.

CENTURY VILLAGE

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH

Zip

Country

33417 PALM BEACH

Zip

Country

33417 PALM BEACH



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1820315**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 **JOHN CAMIA**
Street Address (P.O. Box Number is Not Acceptable)
99 CHATHAM E.
City **WEST PALM BEACH** FL Zip Code **33417**

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

John Camia

1-7-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	PODOLSKY, ARTHUR	
STREET ADDRESS	107 CHATHAM E	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, RITA	
STREET ADDRESS	CHATHAM E-112 CEN VILL	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, WILLIAM	
STREET ADDRESS	112 CHATHAM E CEN VIC	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COPELAND, DOYLE JR.	
STREET ADDRESS	119 CHATHAM E CEN VILL	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	DREYFUSS, EFFIE A	
STREET ADDRESS	CHATHAM E 97 CEN-VILL	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUTTO, SY	
STREET ADDRESS	108 CHATHAM E	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLORIA JONES	
STREET ADDRESS	CHATHAM E 106 CENTURY VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN CAMIA	
STREET ADDRESS	99 CHATHAM E CENTURY VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL. 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John Camia
SIGNATURE REQUIRED

1-7-03 1-561-687-4175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)