

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90080 033 ****61.25

DOCUMENT # 742431

1. Entity Name

CHATHAM K CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

227 CHATHAM K
W PALM BCH FL 33417
US

227 CHATHAM K
W PALM BCH FL 33417
US

2. Principal Place of Business

3. Mailing Address

227 Chatham K.

227 Chatham K

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach FL.

West Palm Beach FL.

Zip

Country

Zip

Country

33417

U.S.A.

33417

U.S.A.

6. Name and Address of Current Registered Agent

4. FEI Number

59-1820309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

ALLAIRE, RICHARD F
227 CHATHAM K
WEST PALM BEACH FL 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.

SIGNATURE

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 ☐ Delete
NAME D
STREET ADDRESS HARRIS, ROBERT
CITY-ST-ZIP 220 CHATHAM K
WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ Addition
NAME P
STREET ADDRESS Allaire, Richard F.
CITY-ST-ZIP 227 Chatham K
West Palm Beach FL-33417

TITLE ☐ Delete
NAME VP
STREET ADDRESS ZIPMAN, ERNEST
CITY-ST-ZIP 232 CHATHAM K
WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ Addition
NAME S
STREET ADDRESS Harris, Arlene
CITY-ST-ZIP 220 Chatham K
West Palm Beach FL-33417

TITLE ☐ Delete
NAME T
STREET ADDRESS ALLAIRE, MILDRED L
CITY-ST-ZIP 227 CHATHAM K
WEST PALM BEACH FL 33417

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BUSHAIKIN, SIDELE
CITY-ST-ZIP 209 CHATHAM K
WEST PALM BEACH FL 33417

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ZIPMAN, BARBARA
CITY-ST-ZIP 232 CHATHAM K
WEST PALM BEACH FL 33417

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

TITLE ☒ Delete
NAME D
STREET ADDRESS DUCHIN, FLORENCE
CITY-ST-ZIP 211 CHATHAM K
WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ 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:

Richard F. Allaire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard F. Allaire 1/8/02 561-686-4770
Date Daytime Phone #

CR2E037 (9/01)