



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90166 007 \*\*\*\*61.25

<b>DOCUMENT # 742431</b> 1. Entity Name <b>CHATHAM K CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>224 CHATHAM K</b> <b>WEST PALM BEACH, FL 33417 US</b>			Mailing Address <b>224 CHATHAM K</b> <b>WEST PALM BEACH, FL 33417 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1820309</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALLAIRE, RICHARD F</b> <b>224 CHATHAM K</b> <b>WEST PALM BEACH, FL 33417</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, ROBERT 220 CHATHAM K WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Harris Arlene 220 Chatham K West Palm Beach FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIPMAN, ERNEST 232 CHATHAM K WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLAIRE, MILDRED L 224 CHATHAM K WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSHAIKIN, SIDELE 209 CHATHAM K WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIPMAN, BARBARA 232 CHATHAM K WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLAIRE, RICHARD F 224 CHATHAM K WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: Richard F. Allaire - Richard F Allaire 1/6/06 561-686-4770</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					