

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9: 29

DOCUMENT # 742434 (4)

1. Corporation Name
CHATHAM N CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
283 CHATHAM N. CENTURY VILLAGE **283 CHATHAM N. CENTURY VILLAGE**
D **D**
WEST PALM BEACH FL 33417 **WEST PALM BEACH FL 33417**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
04/14/1978 **02/17/1994**

4. FEI Number Applied For
59-1622527 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **26**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

City & State City & State
23 **28**

Zip Country Zip Country
24 **25** **29** **30**

9. Name and Address of Current Registered Agent
TURNER, RUTH
CHATHAM N 283
W PALM BEACH, FL
33417

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, SADIE	1.2 NAME	
STREET ADDRESS	273 CHATHAM N	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTLIEB, IRVING	2.2 NAME	
STREET ADDRESS	CHATHAM N 266 CEN VILL	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, RUTH	3.2 NAME	
STREET ADDRESS	CHATHAM N 283 CEN VIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLMUTTER, AL	4.2 NAME	
STREET ADDRESS	CHATHAM N-269 CEN VILL	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANAGANO, VINCENT	5.2 NAME	
STREET ADDRESS	CHATHAM N 288 CEN VILL	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH, FL 00000	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Sadie Friedman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/95 *689-7720*
Date (Optional Phone #)