

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 742434 (4)

1. Corporation Name
CHATHAM N CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 283 CHATHAM N. CENTURY VILLAGE D WEST PALM BEACH FL 33417	Mailing Address 283 CHATHAM N. CENTURY VILLAGE D WEST PALM BEACH FL 33417
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29
Country 25	Country 30

3. Date Incorporated or Qualified 04/14/1978	3a. Date of Last Report 03/09/1995
4. FEI Number 59-1622527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, 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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, SADIE	
STREET ADDRESS	273 CHATHAM N	
CITY-ST-ZIP	W PALM BEACH, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GOTTLIEB, IRVING	
STREET ADDRESS	CHATHAM N 266 CEN VILL	
CITY-ST-ZIP	W PALM BEACH, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TURNER, RUTH	
STREET ADDRESS	CHATHAM N 283 CEN VIL	
CITY-ST-ZIP	W PALM BEACH, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PERLMUTTER, AL	
STREET ADDRESS	CHATHAM N-269 CEN VILL	
CITY-ST-ZIP	W PALM BEACH, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NANAGANO, VINCENT	
STREET ADDRESS	CHATHAM N 288 CEN VILL	
CITY-ST-ZIP	W PALM BEACH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VPD
23 STREET ADDRESS	MISSIK, BILL
24 CITY-ST-ZIP	280 CHATHAM N
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	W PALM BEACH FL 33417
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **RUTH TURNER** 1996 **689-7720**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)