


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90992 045 ****61.25


DOCUMENT # 742434
1. Entity Name
CHATHAM N CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **278 CHATHAM N
WEST PALM BEACH FL 33417
US**
Mailing Address: **265 CHATHAM N.
WEST PALM BEACH FL 33417
US**

2. Principal Place of Business: **285 Chatham N**
Suite, Apt. #, etc.
3. Mailing Address: **285 Chatham N**
Suite, Apt. #, etc.

City & State: **West Palm Beach, FL**
City & State: **West Palm Beach, FL**
Zip: **33417** Country: **USA**
Zip: **33417** Country: **USA**

94067306

MOORE CR2E037 (11/03)
4. FEI Number: **59-1622527**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**HERNDON, HELEN M
265 CHATHAM N.
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent
Name: **Joseph Ricotta**
Street Address (P.O. Box Number is Not Acceptable):
285 Chatham N
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: *Joseph Ricotta Pres.* DATE: **2/9/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004
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	
TITLE: SD NAME: WIDELL, EDNA STREET ADDRESS: 276 CHATHAM N CITY-ST-ZIP: WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: GUIDO, GREG J STREET ADDRESS: 278 CHATHAM N CITY-ST-ZIP: WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: HERNDON, HELEN M STREET ADDRESS: 265 CHATHAM N CITY-ST-ZIP: WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete
TITLE: P NAME: NANGANO, JOSEPHINE STREET ADDRESS: 288 CHATHAM N. CITY-ST-ZIP: WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete
TITLE: D NAME: RICOTTA, JOE STREET ADDRESS: 285 CHATHAM N CITY-ST-ZIP: WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: SADIE D NAME: Sadie Lowinger STREET ADDRESS: 268 Chatham N CITY-ST-ZIP: West Palm Beach, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T/D NAME: Toby Lowinger STREET ADDRESS: 269 Chatham N CITY-ST-ZIP: West Palm Beach, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S/D NAME: Sylvia Whiting STREET ADDRESS: 265 Chatham N CITY-ST-ZIP: West Palm Beach, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V/D NAME: Nangano, Josephine STREET ADDRESS: 288 Chatham N CITY-ST-ZIP: West Palm Beach, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P/D NAME: Ricotta, Joseph STREET ADDRESS: 285 Chatham N CITY-ST-ZIP: West Palm Beach, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Sadie Friedman STREET ADDRESS: 273 Chatham N CITY-ST-ZIP: West Palm Beach, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Joseph Ricotta President* DATE: **2/9/04** DAYTIME PHONE #: **561-242-9018**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR