

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 742438 (5)
1. Corporation Name
CHATHAM S CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business CHATHAM S-372 WEST PALM BEACH FL 33417	Mailing Address CHATHAM S-372 WEST PALM BEACH FL 33417
--	--

3. Date Incorporated or Qualified 04/14/1978		
4. FEI Number 59-1819979	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
--	---	---------------	---------------

9. Name and Address of Current Registered Agent
**JASON N BAUCH
372 CHATHAM S
WEST 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILNER, DONALD	
STREET ADDRESS	CHATHAM S-385	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ROSENSTOCK, SAMUEL	
STREET ADDRESS	CHATHAM S 384 CEN VILL	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BAUCH, JASON N	
STREET ADDRESS	CHATHAM S-372	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEISS, SHIRLEY	
STREET ADDRESS	CHATHAM S-389 CEN VILL	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	BAUCH, LILLIAN	
STREET ADDRESS	CHATHAM S-372	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRAND, ROSALIE	
STREET ADDRESS	CHATHAM S-374	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Jason N. Bauch 2-8-98 561-475066*

CR2E037 (10/97)