

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 742438**

1. Entity Name

**CHATHAM S CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90280 021 \*\*\*\*61.25

Principal Place of Business CHATHAM S-389 WEST PALM BEACH FL 33417 US	Mailing Address CHATHAM S-389 WEST PALM BEACH FL 33417-1857 US
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2. Principal Place of Business CHATHAM-S	3. Mailing Address
Suite, Apt. #, etc. S	Suite, Apt. #, etc.
City & State W.P.B. FL.	City & State
Zip 33417	Country PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1819979	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

~~JASON N BAUGH  
372 CHATHAM-S  
WEST PALM BEACH FL 33417~~

MRS. SHIRLEY WEISS  
389 CHATHAM-S  
W.P.B. FL, 33417

7. Name and Address of New Registered Agent

Name: MRS. SHIRLEY WEISS  
 Street Address (P.O. Box Number is Not Acceptable): 389 CHATHAM-S  
 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.

SIGNATURE: *Shirley Weiss* DATE: 1/19/00

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**

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE: CO-President	<input type="checkbox"/> Delete
NAME: WILNER, DONALD	
STREET ADDRESS: CHATHAM S-385	
CITY-ST-ZIP: WEST PALM BEACH FL 33417	
TITLE: CO-President	<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 checked="" type="checkbox"/> Delete
NAME: BAUGH, 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: SD	<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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: CO-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WILNER DONALD	
STREET ADDRESS: CHATHAM S-385	
CITY-ST-ZIP: W.P.B. FL. 33417	
TITLE: CO-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <del>WILNER DONALD</del> ROSENSTOCK, SAMUEL	
STREET ADDRESS: CHATHAM S-384	
CITY-ST-ZIP: W.P.B., FL. 33417	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEISS SHIRLEY	
STREET ADDRESS: CHATHAM S-389	
CITY-ST-ZIP: W.P.B., FL. 33417	
TITLE: SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BAUCH LILLIAN	
STREET ADDRESS: CHATHAM S-372	
CITY-ST-ZIP: W.P.B., FL. 33417	
TITLE: SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRAND, ROSALIE	
STREET ADDRESS: CHATHAM S-374	
CITY-ST-ZIP: W.P.B., FL. 33417	

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: *Samuel Rosenstock* SIGNATURE REQUIRED: *Donald Wilner* DATE: 1/19/00 DAYTIME PHONE: 561-978-0387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)