

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90250 005 ****61.25

DOCUMENT # 742438

1. Entity Name

CHATHAM S CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

CHATHAM S-372
 WEST PALM BEACH FL 33417
 US

Mailing Address

CHATHAM S-372
 WEST PALM BEACH FL 33417
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1819979

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEISS, SHIRLEY
389 CHATHAM
WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	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	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	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* 10-Pres. 1/30/01 561-686-9013
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)