
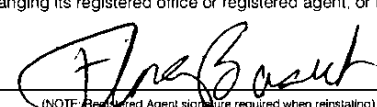
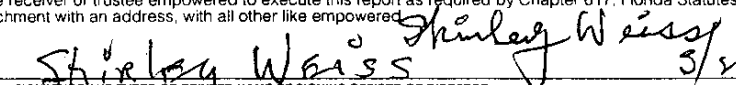


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90137 032 ****61.25

DOCUMENT # 742438					
1. Entity Name CHATHAM S CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CHATHAM S. - 379 389 WEST PALM BEACH, FL 33417 US			Mailing Address CHATHAM S. - 377 WEST PALM BEACH, FL 33417 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1819979	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRUNO JOHN CHATHAMS -377 WES PALM BEACH, FL 33417			<p style="text-align: center;">PRESIDENT →</p> Name: STAN GABY / FLORENCE BASUK Street Address (P.O. Box Number is Not Acceptable): 389 CHATHAMS / 382 CHATHAM S WEST PALM BEACH, FL WEST PALM BEACH FL City: 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: FLORENCE BASUK		 (NOTE: Registered Agent signature required when reinstalling)		DATE: 3/25/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T REASURER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, SHIRLEY		NAME		
STREET ADDRESS	CHATHAM S-389		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELOGEROPOLIS CAROL		NAME	LILI BAUSH	
STREET ADDRESS	CHATHAM S 375		STREET ADDRESS	372 CHATHAM S	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	CB-PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABY, STAN		NAME		
STREET ADDRESS	CHATHAM S 388		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	VP CO-PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASEK, FLORENCE		NAME		
STREET ADDRESS	CHATHAM S 382		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33414		CITY-ST-ZIP		
TITLE	RETIRED PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNO, JOHN		NAME		
STREET ADDRESS	CHATHAM S - 377		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	1- VP-JACK LEVY	<input type="checkbox"/> Delete	TITLE	2-V.P. LLOYD HINZE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS	381 CHATHAM S		STREET ADDRESS	380 CHATHAM S	
CITY-ST-ZIP	WPB - FL. 33417		CITY-ST-ZIP	WPB - FL. 33417	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Shirley Weiss		 Date: 3/25/07		TREAS.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40040140



03212007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1819979

5. Certificate of Status Desired \$8.75 Additional Fee Required

FLORENCE BASUK

3/25/07

Filing Fee is \$61.25 Due by May 1, 2007

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	T REASURER	<input type="checkbox"/> Delete
NAME	WEISS, SHIRLEY	
STREET ADDRESS	CHATHAM S-389	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELOGEROPOLIS CAROL	
STREET ADDRESS	CHATHAM S 375	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	CB-PRESIDENT	<input type="checkbox"/> Delete
NAME	GABY, STAN	
STREET ADDRESS	CHATHAM S 388	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	VP CO-PRESIDENT	<input type="checkbox"/> Delete
NAME	BASEK, FLORENCE	
STREET ADDRESS	CHATHAM S 382	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE	RETIRED PRESIDENT	<input type="checkbox"/> Delete
NAME	BRUNO, JOHN	
STREET ADDRESS	CHATHAM S - 377	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	1- VP-JACK LEVY	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	381 CHATHAM S	
CITY-ST-ZIP	WPB - FL. 33417	

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	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILI BAUSH	
STREET ADDRESS	372 CHATHAM S	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
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		
CITY-ST-ZIP		
TITLE	2-V.P. LLOYD HINZE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	380 CHATHAM S	
CITY-ST-ZIP	WPB - FL. 33417	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #