

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742438

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** CHATHAM S CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

377 CHATHAM S  
WEST PALM BEACH, FL 33417 US

**New Principal Place of Business:**

381 CHATHAM S  
WEST PALM BEACH, FL 33417 US

**Current Mailing Address:**

CHATHAM S C/O SEACREST SERVICES INC  
2400 CENTREPARK W DR #175  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

**FEI Number:** 59-1819979      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVEY, IRMA  
381 CHATHAM S  
WEST PALM BEACH, FL 33417 US

**Name and Address of New Registered Agent:**

LAMONACA, GLENDA  
370 CHATHAM S  
WEST PALM BEACH, FL 33417 US

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: GLENDA LAMONACA

03/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LAMONACA, GLENDA  
Address: 105 PERU ST  
City-St-Zip: STATEN ISLAND, NY 10314 US

Title: VP  
Name: LEVEY, IRMA  
Address: 381 CHATHAM S  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: T  
Name: BRUNO, PATRICIA J  
Address: 95 WEDGEWOOD DR  
City-St-Zip: WILLIAMSVILLE, NY 14221 US

Title: S  
Name: BAUCH, LILLIAN  
Address: 372 CHATHAM S  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D  
Name: KURZ, WINTON  
Address: 55 SEACLIFF AVE  
City-St-Zip: MILLER PLACE, NY 11764 US

Title: D  
Name: KALOGEROPOULOS, CAROLE  
Address: 375 CHATHAM S  
City-St-Zip: WEST PALM BEACH, FL 33417 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GALE CORONA

MGRM

03/28/2011

Electronic Signature of Signing Officer or Director

Date