

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/30/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 14 AM 9:25

**DOCUMENT # 742755 (2)**  
1. Corporation Name  
**CHATHAM R CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
357 CHATHAM R WEST PALM BEACH FL 33417 357 CHATHAM R WEST PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/08/1978</b>   | 3a. Date of Last Report<br><b>03/30/1994</b>           |
| 4. FEI Number<br><b>59-1820651</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input checked="" type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input type="checkbox"/>  | <b>FILING FEE IS \$61.25</b>                           |
| 8. This corporation has liability for intangible tax under s. 199 (1)(3) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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

9. Name and Address of Current Registered Agent  
**ROSENBERG, ANNE  
CHATHAM R 365  
WEST PALM BEACH FL 33417**

|   |
|---|
| 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b> |
|---|

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: *Anne Rosenberg* (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PD<br/>ROSENBERG, ANNE<br/>CHATAM R. 365<br/>WEST PALM BEACH FL</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VDS<br/>GOLD, MAE<br/>CHATHAM R 362<br/>WEST PALM BEACH FL</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>TD<br/>ABRAMSON, RUTH<br/>CHATHAM R 368<br/>WEST PALM BEACH FL</b>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>GOLD, PAUL<br/>CHATMAM R 362<br/>WEST PALM BEACH FL</b>         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>ROSENMAN, ERNERST<br/>CHATMAM R. 363<br/>WEST PALM BEACH FL</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>ABRAMSON, MORRIS<br/>CHATHAN R 368<br/>WEST PALM BEACH FL</b>   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
|--|---|
| 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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: *Anne Rosenberg*  
SIGNATURE AND TYPED CITY, STATE, NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)