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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90091 015 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 742755**

1. Corporation Name  
**CHATHAM R CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 362 CHATHAM "R" WEST PALM BEACH FL 33417 US	Mailing Address 362 CHATHAM "R" WEST PALM BEACH FL 33417 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/08/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1820851
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  <b>GOLD, MAE</b> <b>362 CHATHAM "R"</b> <b>WEST PALM BEACH FL 33417</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input checked="" type="checkbox"/> DELETE	NAME GOLD, MAE STREET ADDRESS 362 CHATHAM "R" CITY-ST-ZIP WEST PALM BEACH FL	1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Ziccardy, Marcia STREET ADDRESS 357 Chatham R CITY-ST-ZIP W. Palm Beach FL 33417
TITLE VDS <input type="checkbox"/> DELETE	NAME GOLD, MAE STREET ADDRESS CHATHAM R 362 CITY-ST-ZIP WEST PALM BEACH FL	2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Honey Toledo STREET ADDRESS 356 Chatham R CITY-ST-ZIP W. Palm Beach FL 33417
TITLE TD <input type="checkbox"/> DELETE	NAME ABRAMSON, RUTH STREET ADDRESS CHATHAM R 368 CITY-ST-ZIP WEST PALM BEACH FL	3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Lois Holland STREET ADDRESS 365 Chatham R CITY-ST-ZIP W. Palm Beach FL 33417
TITLE D <input type="checkbox"/> DELETE	NAME GOLD, PAUL STREET ADDRESS CHATMAM R 362 CITY-ST-ZIP WEST PALM BEACH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME ROSENMAN, ERNERST STREET ADDRESS CHATMAM R. 363 CITY-ST-ZIP WEST PALM BEACH FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Marcia Ziccardy* 1/18/99 - (561) 640-4258  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)