2002 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2002 8:00 am **DOCUMENT # 742755 Secretary of State** 1. Entity Name 01-30-2002 90082 011 ****61.25 CHATHAM R CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 357, CHATHAM R 357 CHATHAM R H0013640 WEST, PALM BEACH FL 33417 WEST PALM BEACH FL 33417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1820851 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ZICCARDY, MARCIA 357 CHATHAM R **WEST PALM BEACH FL 33417** City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE AMYOT ANDRE 367 CHATHAM R X Addition TITLE ☐ Delete ZICCARDY, MARCIA NAME STREET ADDRESS STREET ADDRESS 357 CHATHAM R WEST PALM BEACH FL 33417 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 EDELSTEIN A RNOLD Change Delete TITLE TITLE NAME GOLD, MAE STREET ADDRESS STREET ADDRESS CHATHAM R 362 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 West Palm Beach Fl ☐ Addition TITLE Delete TITLE ABRAMSON, RUTH NAME NAME STREET ADDRESS STREET ADDRESS **CHATHAM R 368** CITY-ST-ZIP CiTY-ST-7IP WEST PALM BEACH FL Delete TITLE Change ☐ Addition TITLE NAME GOLD, PAUL NAME STREET ADDRESS STREET ADDRESS CHATMAM R 362 CITY-ST-7IP CITY-ST-ZIP West Palm Beach Fl ☐ Change Addition TITLE ☐ Delete TITLE HOLLAND, LOIS NAME NAME STREET ADDRESS STREET ADDRESS 365 CHATHAM R CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 TITLE Change ☐ Addition ☐ Delete TITLE TOLEDO, HONEY NAME NAME

12. Thereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

356 CHATHAM R

WEST PALM BEACH FL 33417

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: MARCHARD TOPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DATE OF SIGNING OFFICER OR DIRECTOR

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FILED