


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90037 039 ****61.25

DOCUMENT # 742755
1. Entity Name
CHATHAM R CONDOMINIUM ASSOCIATION, INC.



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

94040612



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
367 Chatham R **367 Chatham R**
Suite, Apt. #, etc. Suite, Apt. #, etc.
West Palm Beach FL **West Palm Beach FL**
City & State City & State
33417 USA **33417 USA**
Zip Country Zip Country

4. FEI Number Applied For
59-1820851 Not Applicable

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

6. Name and Address of Current Registered Agent
**ZICCARDY, MARCIA
357 CHATHAM R
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent
Name **Andre Amyot**
Street Address (P.O. Box Number is Not Acceptable)
367 Chatham R
City **West Palm Beach 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 **A. Amyot President**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	ZICCARDY, MARCIA
STREET ADDRESS	357 CHATHAM R
CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	GOLD, MAE
STREET ADDRESS	CHATHAM R 362
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	EDLESTEIN, ARNOLD
STREET ADDRESS	353 CHATHAM R
CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	AMYOT, ANDRE
STREET ADDRESS	367 CHATHAM R
CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	TD <input type="checkbox"/> Delete
NAME	GAGNON-HELIE, NICOLE
STREET ADDRESS	355 CHATHAM R
CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	D <input type="checkbox"/> Delete
NAME	TOLEDO, HONEY
STREET ADDRESS	356 CHATHAM R
CITY-ST-ZIP	WEST PALM BEACH FL 33417

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amyot Andre
STREET ADDRESS	367 Chatham R
CITY-ST-ZIP	West Palm Beach FL 33417
TITLE	EDLESTEIN, ARNOLD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDLESTEIN ARNOLD
STREET ADDRESS	353 Chatham R
CITY-ST-ZIP	West Palm Beach FL 33417
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zocchi Marie
STREET ADDRESS	358 Chatham R
CITY-ST-ZIP	West Palm Beach FL 33417
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLEDO Honey
STREET ADDRESS	356 Chatham R
CITY-ST-ZIP	West Palm Beach FL 33417

12. 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 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: **A. Amyot** **Andre Amyot President** **01.29.04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(561)6868647