

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90003 007 \*\*\*\*61.25

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01062005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 742755</b>					
1. Entity Name CHATHAM R CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 367 CHATHAM R WEST PALM BEACH, FL 33417 US			Mailing Address 367 CHATHAM R WEST PALM BEACH, FL 33417 US		
2. Principal Place of Business 353 Chatham R		3. Mailing Address 353 Chatham R			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State West Palm Beach		City & State West Palm Beach		4. FEI Number 59-1820851	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 33417	Country FL	Zip 33417	Country FL		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AMYOT, ANDREA 367 CHATHAM R WEST PALM BEACH, FL 33417			Name EDELSTEIN ARNOLD		
			Street Address (P.O. Box Number is Not Acceptable) 353 CHATHAM R		
			WEST PALM BEACH		
			City 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		ARNOLD EDELSTEIN		1-8-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	AMYOT, ANDRE	<input type="checkbox"/> Delete	TITLE P	EDELSTEIN, ARNOLD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	367 CHATHAM R		STREET ADDRESS	353 CHATHAM R	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	West Palm Beach FL 33417	
TITLE V	EDELSTEIN, ARNOLD	<input type="checkbox"/> Delete	TITLE V	HELIE, NICOLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	353 CHATHAM R		STREET ADDRESS	355 CHATHAM R	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	West Palm Beach FL 33417	
TITLE V	ZOCCHI, MARIE	<input checked="" type="checkbox"/> Delete	TITLE T	PLATT IRENE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	358 CHATHAM R		STREET ADDRESS	368 Chatham R	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	West PALM BEACH FL 33417	
TITLE TD	GAGNON-HELIE, NICOLE	<input type="checkbox"/> Delete	TITLE S	TOLEDO, HONEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	355 CHATHAM R		STREET ADDRESS	356 Chatham R	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	West PALM BEACH FL 33417	
TITLE S	TOLEDO, HONEY	<input type="checkbox"/> Delete	TITLE D	AMYOT, ANDREA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	356 CHATHAM R		STREET ADDRESS	367 Chatham R	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	West PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:		ARNOLD EDELSTEIN		501-712-4666	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	