


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90050 021 ****61.25

DOCUMENT # 742755

1. Entity Name
CHATHAM R CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**353 CHATHAM R
 WEST PALM BEACH, FL 33417 US**

Mailing Address
**353 CHATHAM R
 WEST PALM BEACH, FL 33417 US**

60028830



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03062007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-1820851

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**EDELSTEIN, ARNOLD
 353 CHATHAM R
 WEST PALM BEACH, FL 33417**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	EDELSTEIN, ARNOLD	353 CHATHAM R	WEST PALM BEACH, FL 33417	<input type="checkbox"/>
V	HELIE, NICOLE	355 CHATHAM R	WEST PALM BEACH, FL 33417	<input type="checkbox"/>
T	CLÉMENT, RAYMOND	366 CHATHAM RD	WEST PALM BEACH, FL 33417	<input type="checkbox"/>
S	TOLEDO, HONEY	356 CHATHAM R	WEST PALM BEACH, FL 33417	<input type="checkbox"/>
D	AMYOT, ANDRE	353 CHATHAM R	WEST PALM BEACH, FL 33417	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Nicole Helie **NICOLE HELIE** March 26th 2007 561-712-1738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #