## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0100006112

1. Entity Name

## CHATHAM AT AQUA CONDOMINIUM ASSOCIATION, INC.

1632 PENNSYLVANIA AVE. MIAMI BEACH FL 33139

STREET ADDRESS

changed, or on an

CITY-ST-7IP

Principal Place of Business

2. Principal Place of Business

Mailing Address

3. Mailing Address

1632 PENNSYLVANIA AVE. MIAMI BEACH FL 33139

## Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip 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 Name Street Address (P.O. Box Number is Not Acceptable) LEWIS, HAROLD L ESQ ONE BISCAYNE TOWER, STE. 2400 2 S. BISCAYNE BLVD. Zip Code MIAMI FL 33131 FL 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** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Director, President, SECretary, Treasuran TITLE ☐ Delete TITLE Change 1 ☐ Addition CR2E037 (9/01 ROBINS, CRAIG NAME STREET ADDRESS 1632 PENNSYLVANIA AVE. STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP <u>DV</u> TITLE Delete TITLE ☐ Change ☐ Addition gretenstein, steve NAME STREET ADDRESS 1632 PENNSYLVANIA AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 DST Delete TITLE Change Addition NESSE, ERIC NAME NAME PENNSWALLIA AL STREET ADDRESS 1632 PENNSYLVANIA AVE. STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME

STREET ADDRESS

BARBOOMINIUM ASSOCIATION, ILIC.

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

THE COUNTY VICE Pres

**FILED** 

05-08-2002 90099 002 \*\*\*\*61.25

May 08, 2002 8:00 am Secretary of State