2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

Secretary of State 04-02-2007 90085 048 ****61.25 DOCUMENT # N01000006112 CHATHAM AT AQUA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 40046827 201 AQUA AVENUE 201 AQUA AVENUE MIAMI BEACH, FL 33139 SUITE 100 MIAMI BEACH, FL 33139 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 65-1157868 Applied For 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 Namo HYMAN, SPECTOR, & MARS, LLP MUSEUM TOWER 27TH FLOOR Street Address (P.O. Box Number is Not Acceptable) 150 WEST FLAGLER STREET MIAMI, FL 33130 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution Due by May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE ☐ Delete TITLE Change ☐ Addition SINGER, ADAM NAME NAME STREET ADDRESS 201 AQUA AVENUE, SUITE 100 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP Zio: 3314 TITLE ☐ Delete TITLE La Change ☐ Addition RUBENFELD, STANLEY NAME STREET ADDRESS 201 AQUA AVE., SUITE 100 STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP CITY-ST-ZIP TITLE DST ☐ Delete TITLE Change Addition GERBER, BRIAN NAME NAME STREET ADDRESS 201 AQUA AVE., SUITE 100 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 reserver or trustee emported to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Apr 02, 2007 8:00 am