

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742434

**FILED  
Mar 13, 2019  
Secretary of State  
9456703243CC**

**Entity Name:** CHATHAM N CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

269 CHATHAM N  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

CHATHAM N C/O SEACREST SERVICES INC  
2101 CENTREPARK W DR #110  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 59-1622527

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LORINGER, TOBY  
269 CHATHAM N  
WEST PALM BEACH, FL 33417 US

*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:** TOBY LORINGER

03/13/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           LORINGER, TOBY  
Address        269 CHATHAM N  
City-State-Zip: WEST PALM BEACH FL 33417

Title           FIRST VICE PRESIDENT  
Name           FERER, ELSIE  
Address        265 CHATHAM N  
City-State-Zip: WEST PALM BEACH FL 33417

Title           DIRECTOR  
Name           GIBBS, SUZANNE  
Address        270 CHATHAM N  
City-State-Zip: WEST PALM BEACH FL 33417

Title           TREASURER  
Name           KING, CONSTANCE  
Address        279 CHATHAM N  
City-State-Zip: WPB FL 33417

Title           SECRETARY  
Name           BOND, LORRAINE  
Address        281 CHATHAM N  
City-State-Zip: WPB FL 33417

Title           2ND VICE PRESIDENT  
Name           CANEPPEA, NORRY  
Address        275 CHATHAM N  
City-State-Zip: WPB FL 33417

Title           DIRECTOR  
Name           HARRELL, GAYLE  
Address        276 CHATHAM N  
City-State-Zip: WPB FL 33417

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LORRAINE BOND

**SECRETARY**

03/13/2019

Electronic Signature of Signing Officer/Director Detail

Date