

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742434

Entity Name: CHATHAM N CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**284 CHATHAM N
WEST PALM BEACH, FL 33417**Current Mailing Address:**CHATHAM N C/O SEACREST SERVICES INC
2400 CENTREPARK W DR #175
WEST PALM BEACH, FL 33409 US**FEI Number:** 59-1622527**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPADOFORA, LUCIA
284 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|--------------------------|
| Title | S |
| Name | MCPARLANE, CHARLOTTE |
| Address | 279 CHATHAM N |
| City-State-Zip: | WEST PALM BEACH FL 33417 |

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|-----------------|--------------------------|
| Title | T |
| Name | LOVINGER, TOBY |
| Address | 269 CHATHAM N |
| City-State-Zip: | WEST PALM BEACH FL 33417 |

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|-----------------|--------------------------|
| Title | VP |
| Name | GENNINO, JEANETTE |
| Address | 287 CHATHAM N |
| City-State-Zip: | WEST PALM BEACH FL 33417 |

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|-----------------|--------------------------|
| Title | D |
| Name | NANGANO, JOSEPHINE |
| Address | 288 CHATHAM N |
| City-State-Zip: | WEST PALM BEACH FL 33417 |

| | |
|-----------------|--------------------------|
| Title | P |
| Name | SPADOFORA, LUCIA |
| Address | 284 CHATHAM N |
| City-State-Zip: | WEST PALM BEACH FL 33417 |

| | |
|-----------------|--------------------------|
| Title | D |
| Name | LOVINGER, SADIE |
| Address | 268 CHATHAM N |
| City-State-Zip: | WEST PALM BEACH 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: LUCIA SPADOFORA**PRESIDENT****04/01/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date