FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

262354 DOCUMENT

1. Corporation Name

CHATHAM GARDENS, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90211 017 ***150.00



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Principal Place	of Business	Mailing	Address				f låftig tigen meren	*****	117 B161 B181	1611 61611 61611	\$1\$11 \$1811 IND
22112 PIERCE \$	ST	2211 PI	erce st			}					
APT 4 APT 4											
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020						L			TE IN THIS	SPACE	
US		US					3. Date Incorporated or	Qualifed		•	
			*1.5				09/04/1962		.	1.	
·	lace of Business	2a. Mai	iling Address				4. FEI Number			ļi	oplied For
21	·	26					<u>59-2073670</u>				ot Applicable_
Suite, Apt. :	#, etc.	—	te, Apt. #, etc.			l	5. Certifcate of Status I	Desired			Additional equired
22		27]					····				
City & State	e	`	y & State				6. Election Campaign F				May Be
23		28		C	<u> </u>	-	Trust Fund Contribut				to Fees
Zip	Country	Zip		Coun	try		8. This corporation owe		ent year int	angible Yes	□No
24]25]	29		30			Personal Property T: 10. Name and Address				
	9. Name and Address of Curro	ent Kegistere	a Agent		81 Name						
MELI	E, CARMEN			ľ	1(_AM	IMARANO, J	<u>osel</u>	<u> ዝ/N</u> ፤	=	
	I PIERCE ST			Ī	82 Street	Address	(P.O. Box Number is N 11 PERCE	ot Accepta	able)		
APT						ححر	FIFIERCE	211			
	LYWOOD FL 33020				⁸³ A	tat:	1				
HOL	LITTOU I L OGUEU			F	84 City 1	1101	1.11.1			85 Zip	Code 3020
					Γ	70L	LY WOOD		<u>FL</u>	. 33	3020
11. Pursuant	to the provisions of Sections 607.03 egistered agent, or both, in the Stat m familiar with, and accept the oblig	502 and 607.1	508, Florida Statut	es, the ab	ove-named o	corpora oration's	tion.submits this statement board of directors. I he	ent for the reby accer	purpose of ot the appoi	changing its	registered (eaistered
agent. I a	egistered agent, or both, in the Statem familiar with, and accept the oblig	gations of, Sec	tion 607.0505, Flo	rida Statu	les.	01440114	bodia of directors. The	00, 0000,	ot the appe	٠	00
SIGNATURE	psiphene	Cams	narku	1					4	-311-	77
GIGHTONE	Signature, poed or printed name of registered a			_	kgent signature re	nw beniuper			DATE		
12.		AND DIRECTO		13.		A7	ADDITIONS/CHANGI	S TO OF	FICERS A		ORS IN 12 ☐ Addition
TITLE	ST		☐ DELETE	1.1 1111	E	Ŋ,	MARANO, JO 1 PIERCE ST.	SEDI	TINE	☐ Change	L. Addition
NAME	MELE, CARMEN			1.2 NA	Æ	CAL	AMAKULO, ST.	Apfu			
STREET ADDRESS	2211 PIERCE ST APT 4			1.3 STF	EET ADDRESS	المما	Lywood, Fl	33/	120		1
CITY-ST-ZIP	HOLLYWOOD, FL 00000 330	20		_			LYWOOD) FE	٠, ت			
TITLE	VP .		☐ DELETE	2.1 Τ₹Π		٧P				☐ Change	☐ Addition
NAME	CAMMARANO, JOSEPHINE			2.2 NA)	KE I	ME	LE, MARIA	~ * ^ .	A+11	*)
STREET ADDRESS	2211 PIERCE ST APT 1			2.3 STF	REET ADDRESS	22	11 PIERCE S	21. M	014	_	
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TITLE	P .		☐ DELETE	3.1 TIT	E	P.			_	Change	Addition
NAME	BRICENO, JOANNE P			3.2 NAJ	Æ.	BR	ICENO, JOAN	ANE.	P4		
STREET ADDRESS	2211 PIERCE ST APT 5			3.3 STF	REET ADDRESS	32	11 PIERCES	5T. P	tb10		
CITY-ST-ZIP	HOLLYWOOD, FL 00000 330	20~	<u></u>	3.4. Cf1	Y-ST-ZIP	Hol	LYWOOD, FI	<u>_, 3</u> 2	5020_		
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TITLE			☐ DELETE	6.1 TIT	E					Change	Addition
1						1					į
NAME				6.2 NA	WE	1					. 1
NAME STREET ADDRESS					REET ADORESS						

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

OAMMER BRICENO QUO ANNE P. BRICENO