NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90949 037 ****61.25

DOCUMENT # 731890

1. Entity Name
FEDERATION of CHATHAM CONDOMINIUM ASSOCIATIONS INC.

B0057714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
CHATHAM C 70	CHATHAM C 70
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	WEST PALM BEACH
City & State: WEST PALM BEACH	City & State: FL
Zip: 33417 Country: USA	Zip: 33417 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59 182 4021 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: ISRAEL POMERANTZ
Street Address (P.O. Box Number is Not Acceptable): CHATHAM C 70
WEST PALM BEACH
City: FL Zip Code: 33417

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: ISRAEL POMERANTZ
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	
NAME	ISRAEL POMERANTZ	
STREET ADDRESS	70 CHATHAM C	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VD	
NAME	MARTIN MAST	
STREET ADDRESS	53 CHATHAM C	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	
NAME	NEIL NUTKIWICIEZ	
STREET ADDRESS	78 CHATHAM D	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TD	
NAME	MARCIA ZICCARDX	
STREET ADDRESS	357 CHATHAM R	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	
NAME	VINCENT SALVO	
STREET ADDRESS	193 CHATHAM J	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	
NAME	TED BREVICH	
STREET ADDRESS	162 CHATHAM H	
CITY-ST-ZIP	WEST PALM BEACH F 33417	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with all other like empowered.

SIGNATURE: ISRAEL POMERANTZ 1/31/02 561-686-9011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #