

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731890

FILED
Jan 25, 2009
Secretary of State

Entity Name: FEDERATION OF CHATHAM CONDOMINIUM ASSOCIATIONS, INC.

Current Principal Place of Business:

264 CHATHAM M
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

264 CHATHAM M
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 59-1824021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNISH, FRANK
264 CHATHAM M
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BLACK, EDWARD
Address: 35 CHATHAM B
City-St-Zip: WEST PALM BEACH, FL 334171806

Title: SD () Delete
Name: ZICCARDY, MARSHA
Address: 357 CHATHAM R
City-St-Zip: WEST PALM BEACH, FL 33417

Title: PD () Delete
Name: CRONISH, FRANK
Address: 264 CHATHAM M
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: OLIVER, MARJORIE
Address: 346 CHATHAM Q
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: TODD, WILLIAM
Address: 45 CHATHAM B
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VD () Delete
Name: BREVICH, TED
Address: 162 CHATHAM H
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWARD BLACK

TD

01/25/2009

Electronic Signature of Signing Officer or Director

Date