

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

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90138 050 ****61.25

DOCUMENT # 742423

1. Entity Name

Chatham A Condominium Association, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12 Chatham A

Suite, Apt. #, etc.

3. Mailing Address

Seacrest Services, Inc.

Suite, Apt. #, etc.

2400 Centre Park W. Drive #175

DO NOT WRITE IN THIS SPACE

City & State

WPB, FL

City & State

West Palm Beach, FL

4. FEI Number

59-1819541

Applied For

Not Applicable

Zip

33417

Country

Zip

33409

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Marilyn Radonski

Street Address (P.O. Box Number is Not Acceptable)

12 Chatham A

City

WPB

FL

Zip Code

33417

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marilyn Radonski / Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/25/05

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Arnold Gorodetzer
STREET ADDRESS	4 Chatham A
CITY-ST-ZIP	WPB, FL 33417
TITLE	VP
NAME	Diana Sanders
STREET ADDRESS	5 Chatham A
CITY-ST-ZIP	WPB, FL 33417
TITLE	S
NAME	Elaine Brown
STREET ADDRESS	15 Chatham A
CITY-ST-ZIP	WPB, FL 33417
TITLE	T/co
NAME	Marilyn Radonski
STREET ADDRESS	12 Chatham A
CITY-ST-ZIP	WPB, FL 33417
TITLE	T/co
NAME	Carl Destefano
STREET ADDRESS	19 Chatham A
CITY-ST-ZIP	WPB, FL 33417
TITLE	P
NAME	Sidney Friedman
STREET ADDRESS	1 Chatham A
CITY-ST-ZIP	WPB, FL 33417

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, trustee, or 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 an address, with all other like empowered.

SIGNATURE:

Arnold Gorodetzer 3/25/05 (561) 478-2473

CR2E037B (12/02)