


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-12-2005 90137 041 ****61.25

DOCUMENT # 742427 1. Entity Name CHATHAM F CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O WEINGART, M. 133 CHATHAM F WEST PALM BEACH, FL 33417 US		Mailing Address C/O WEINGART, M. 133 CHATHAM F WEST PALM BEACH, FL 33417 US	
2. Principal Place of Business Suite, Apt. #, etc. SEACREST SERVICES, INC 2400 Center Park W. Drive City & State Suite 175 Zip West Palm Beach, FL 33409-6405		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
4. FEI Number 59-1635305		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINGART, M. 133 CHATHAM F CENTURY VILLAGE W. PALM BEACH, FL 33417		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME WEISS, EDNA STREET ADDRESS 130 CHATHAM F CITY-ST-ZIP W PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE PD NAME Frances Cynamon (Pres.) STREET ADDRESS c/o Weingart CITY-ST-ZIP 133 Chatham F W.P.B FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME WHITE, EDITH STREET ADDRESS 129 CHATHAM F CITY-ST-ZIP W PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME WEINGART, MINDY STREET ADDRESS 133 CHATHAM F CITY-ST-ZIP W. PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME FINKELSTEIN, SHIRLEY STREET ADDRESS 125 CHATHAM F CITY-ST-ZIP W PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BEROZA, EVELYN STREET ADDRESS 123 CHATHAM F CITY-ST-ZIP W PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Mindy Weingart</i> - Mindy Weingart		Date 3/11/05	