
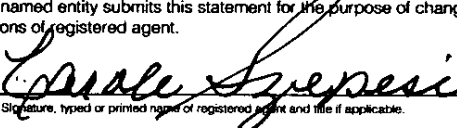
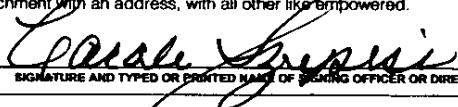


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90031 021 ****61.25

DOCUMENT # 742428 1. Entity Name CHATHAM G CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CHATHAM G COND ASSN INC. CHATHAM G 148 WEST PALM BEACH, FL 33417 US			Mailing Address CHATHAM G COND ASSN INC. 148 CHATHAM, G WEST PALM BEACH, FL 33417 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address CHATHAM G, COND ASSN INC Suite, Apt. #, etc. CHATHAM G 150			
City & State WEST PALM BEACH FL 33417		City & State WEST PALM BEACH FL 33417		4. FEI Number 59-1819828	
Zip 33417	Country US.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BROWN, ANNE CHATHAM G 148 CENTURY VILLAGE WEST PALM BEACH, FL 33417			7. Name and Address of New Registered Agent Name SZEPESI, CAROLE Street Address (P.O. Box Number is Not Acceptable) CHATHAM G 150 City WEST PALM BEACH 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 2/8/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing 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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete BROWN, ANNE CHATHAM G 148 W PALM BEACH, FL 33417				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input type="checkbox"/> Delete MEAD, SHELDON R CHATHAM G-137 WEST PALM BEACH, FL 33417				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input type="checkbox"/> Delete MEAD, LYNN CHATHAM G 137 WEST PALM BEACH, FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input type="checkbox"/> Delete SZEPESI, CAROLE CHATHAM 150 WEST PALM BEACH, FL 33417				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SZEPESI, CAROLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHATHAM G 150 W PALM BEACH, FL 33417				
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"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BROWN, ANNE CHATHAM G 148 W PALM BEACH FL 33417				
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"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE 2/8/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CHK.
2055