

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742428

FILED
Jan 25, 2009
Secretary of State

Entity Name: CHATHAM G CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CHATHAM G COND ASSN INC.
CHATHAM G 148
WEST PALM BEACH, FL 33417 US

Current Mailing Address:

CHATHAM G COND ASSN INC.
148 CHATHAM, G
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

CHATHAM G COND ASSN INC.
CHATHAM G 150
WEST PALM BEACH, FL 33417 US

New Mailing Address:

CHATHAM G COND ASSN INC.
150 CHATHAM, G
WEST PALM BEACH, FL 33417 US

FEI Number: 59-1819828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SZEPESI, CAROLE
CHATHAM G 148
CENTURY VILLAGE
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

SZEPESI, CAROLE
CHATHAM G 150
CENTURY VILLAGE
WEST PALM BEACH, FL 33417 US

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:

01/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SZEPESI, CAROLE
Address: CHATHAM G 150
City-St-Zip: W PALM BEACH, FL 33417

Title: TD () Delete
Name: MEAD, SHELDON R
Address: CHATHAM G-137
City-St-Zip: WEST PALM BEACH, FL 33417

Title: SD () Delete
Name: MEAD, LYNN
Address: CHATHAM G 137
City-St-Zip: WEST PALM BEACH, FL

Title: VD () Delete
Name: BREWIN, ANNE
Address: CHATHAM G 148
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: SD (X) Change () Addition
Name: MEAD, LYNN
Address: CHATHAM G 137
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VD (X) Change () Addition
Name: BROWN, ANNE
Address: CHATHAM G 148
City-St-Zip: WEST PALM BEACH, FL 33417

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: CAROLE SZEPESI

PRES

01/25/2009

Electronic Signature of Signing Officer or Director

Date