

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **742431** (0)  
1. Corporation Name  
**CHATHAM K CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**CHATHAM K211** **CHATHAM K211**  
**W PALM BCH FL 33417** **W PALM BCH FL 33417**

3. Date Incorporated or Qualified **04/14/1978** 3a. Date of Last Report **03/22/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1820309</b>		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUCHIN, HAL**  
**CHATHAM K211**  
**WEST PALM BEACH FL 33417**

81 Name **FRIEDLAND DAVID**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **CHATHAM K 225**  
84 City **West Palm Beach** FL 85 Zip Code **33417**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE David Friedland **DAVID FRIEDLAND** DATE **2/1/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>GORDAN, LENA</b>			1.2 NAME	<b>BROOKS, RENE</b>		
STREET ADDRESS	<b>CHATHAM, K-213</b>			1.3 STREET ADDRESS	<b>CHATHAM 221C</b>		
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>			1.4 CITY-ST-ZIP	<b>W. PALM BEACH FL 33417</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>CO. PRESIDENT</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>CALLUZE, BARBARA</b>			2.2 NAME	<b>DUCHIN, FLORENCE</b>		
STREET ADDRESS	<b>CHATHAM K 216</b>			2.3 STREET ADDRESS	<b>CHATHAM K 211</b>		
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>			2.4 CITY-ST-ZIP	<b>W. PALM BEACH FL 33417</b>		
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>VICE PRES</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FRIEDLAND, DAVID</b>			3.2 NAME	<b>BUSHNIKOV, SYDELL</b>		
STREET ADDRESS	<b>CHATHAM, K-225</b>			3.3 STREET ADDRESS	<b>CHATHAM 209C</b>		
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>			3.4 CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>KESSELMAN, HARRY</b>			4.2 NAME	<b>KUSHER, LEON</b>		
STREET ADDRESS	<b>CHATHAM K 224 CENN</b>			4.3 STREET ADDRESS	<b>CHATHAM 229 K</b>		
CITY-ST-ZIP	<b>W PALM BEACH FL</b>			4.4 CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>		
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KUSHER, FRIEDA</b>			5.2 NAME			
STREET ADDRESS	<b>CHATHAM-K 229</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)