

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90021 008 ****61.25

DOCUMENT # 742431

1. Entity Name

CHATHAM K CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

CHATHAM K211
 W PALM BCH FL 33417

CHATHAM K211
 W PALM BCH FL 33417

2. Principal Place of Business

227 CHATHAM K

3. Mailing Address

227 CHATHAM K

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL.

City & State

WEST PALM BEACH FL.

4. FEI Number

59-1820309

Applied For

Not Applicable

Zip
33417

Country
U.S.A.

Zip
33417

Country
U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORENCE, DUCHIN
 CHATNEM 211
 WEST PALM BEACH FL 33417

Name **RICHARD F. ALLAIRE**

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

227 CHATHAM K

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.

SIGNATURE

Richard F. Allaire **RICHARD F. ALLAIRE (PRES.)** 1/10/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D HARRIS, ROBERT**
 STREET ADDRESS **CHATHAM K 220**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE Change Addition
 NAME **P ALLAIRE, RICHARD F.**
 STREET ADDRESS **227 CHATHAM K**
 CITY-ST-ZIP **WEST PALM BEACH FL. 33417**

TITLE Delete
 NAME **P DUCHIN, FLORENCE**
 STREET ADDRESS **CHATHAM K 211**
 CITY-ST-ZIP **WEST PALM BEACH FL.**

TITLE Change Addition
 NAME **VP ZIPMAN, ERNEST**
 STREET ADDRESS **232 CHATHAM K**
 CITY-ST-ZIP **WEST PALM BEACH FL. 33417**

TITLE Delete
 NAME **VP RICHARD, ALLAIRE**
 STREET ADDRESS **CHATMAN K 227.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE Change Addition
 NAME **T ALLAIRE, MILDRED L.**
 STREET ADDRESS **227 CHATHAM K**
 CITY-ST-ZIP **WEST PALM BEACH FL. 33417**

TITLE Delete
 NAME **T ZIPMAN, ERNEST**
 STREET ADDRESS **CHATMAN K**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE Change Addition
 NAME **D BUSHAIKIN, SIDELE**
 STREET ADDRESS **209 CHATHAM K**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE Delete
 NAME **S HARRIS, ARLENE**
 STREET ADDRESS **CHATMAN K 220**
 CITY-ST-ZIP **W. PALM BEACH FL 33417**

TITLE Change Addition
 NAME **D ZIPMAN, BARBARA**
 STREET ADDRESS **232 CHATHAM K**
 CITY-ST-ZIP **WEST PALM BEACH FL. 33417**

TITLE Delete
 NAME **D KARP, ADA**
 STREET ADDRESS **CHATMAN K 222**
 CITY-ST-ZIP **W. PALM BEACH FL 33437**

TITLE Change Addition
 NAME **D DUCHIN, FLORENCE**
 STREET ADDRESS **211 CHATHAM K**
 CITY-ST-ZIP **WEST PALM BEACH FL-33417**

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 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: *Richard F. Allaire* **RICHARD F. ALLAIRE** 1/10/00 561-686-4770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)