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FILED Feb 08, 2001 8:00 am Secretary of State

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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742431

CHATHAM K CONDOMINIUM ASSOCIATION, INC.

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Principal Place of Business

Mailing Address

227 CHATHAM K W PALM BCH FL 33417 227 CHATHAM K W Palm BCH FL 33417

2. Principal Place of Business 227 CHATH Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1820309 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Richard F. Allaire Correction Street Address (P.O. Box Number is FLORENCE: DUCHIN 227 CHATHAM K WEST PALM BEACH FL 33417 8. The above partied entity submits this statement for the ourcose of changing its registered office or registered 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW:** Trust Fund Contribution. Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19 10. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE HARRIS, ROBERT NAME NAME 227 CHatham 227-CHATHAM K (220) Correction STREET ADORESS STREET ADDRESS **CR2E037** Vest Palm Beach City-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33417 TITLE Delete TITLE ZIPMAN, ERNEST NAME NAME 220 CHATHAM K STREET ADDRESS 232 CHATHAM K STREET ADDRESS West-Palm Beach *334<u>17</u>* CITY-SI-ZIP WEST PALM BEACH FL 33417 CITY-ST-ZIP Detete TITLE TITLE ☐ Addition ALLAIRE, MILDRED L NAME NAME STREET ADDRESS STREET ADORESS 227 CHATHAM K CITY-ST-ZIP WEST PALM BEACH FL 33417 CITY-ST-7IP Change TITLE ☐ Addition TITLE Delete BUSHAIKIN, SIDELE NAME NAME 209 CHATHAM K-STREET ADDRESS STREET ADDRES CITY-ST-ZIP WEST PALM BEACH FL 33417 CITY-ST-ZIP TITLE Delete IIILE Change ☐ Addition ZIPMAN, BARBARA NAME NAME STREET ADDRESS .232 CHATHAM K. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 Change Addition IIRE ☐ Delete MIF DUCHIN, FLORENCE NAME NAME 211 CHATHAM K STREET ADDRESS STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33417 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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