2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

DOCUMENT #742432 1. Entity Name CHATHAM L CONDOMINIUM ASSOCIATION, INC.					03-20-20	06 90008 03	6 ****6	1.25
Principal Place of Business 235 CHATHAM L WEST PALM BEACH, FL 33417 US WEST PALM BEACH, FL 33417 US WEST PALM BEACH, FL 3			33417 US	1				
2. Principal P	face of Business	3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037	(11/05)	
City & State		City & State		4. FEI Numbe 59-182				plied For t Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desire		8.75 Add se Required	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of Ne	w Registered Ag	ent	
TOLICH A	AADELINE		Name			<u> </u>		
TOLISH, MADELINE 235 CHATHAM L WEST PALM BEACH, FL 33417			Street A	Street Address (P.O. Box Number is Not Acceptable)				
	·	•						
1			City	FL Zip Code				
	named entity submits this statement for tions of registered agent.	r the purpose of changing its re	egistered office or	registered agent, or bo	th, in the State o	f Florida. I am far	miliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signet	ure required when reinstating)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing	se required when reinstating) \$5.00 May E Added to Fees	le I	Make check p		
10.	Filling Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May B Added to Fees	'	Make check p	nent of St	ate
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2. 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: Madelie Jolish MADELINE TOLISH 3/15/66 561-683 6539

SIGNATURE AND TYPED OR PRINTED MARKE OF BIONING OFFICER OR DIRECTOR

Design Phone 8