

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90005 017 ****61.25

DOCUMENT # 742435

1. Entity Name
CHATHAM O CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**CHATHAM-O-305
CENTURY VILLAGE
WEST PALM BEACH, FL 33417**

Mailing Address
**IRENE BONHCORE
295 CHATHAM O
WEST PALM BEACH, FL 33417 US**

40043060



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-1820847

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BONACORSI, IRENE
295 CHATHAM O
W PALM BCH., FL 33417**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **IRENE BONACORSI**

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

Irene Bonacorsi

(NOTE: Registered Agent signature required when reinstating)

3-25-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME **BONACORSI, IRENE**
STREET ADDRESS **295 CHATHAM O**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME **FREDRICKS, MICHAEL**
STREET ADDRESS **303 CHATHAM**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME **NEW, GEORGINA**
STREET ADDRESS **289 CHATHAM O**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ~~WANN, CRAIG~~ **Lilly Roberts**
STREET ADDRESS ~~208 CHATHAM~~ **309 Chatham O**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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: *Irene Bonacorsi Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-07 561-686-6962

Date

Daytime Phone #