2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742435

FILED Mar 20, 2009 Secretary of State

Entity Name: CHATHAM O CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

CHATHAM-O-305 300 CHATHAM O

CENTURY VILLAGE WEST PALM BEACH, FL 33417 US

WEST PALM BEACH, FL 33417

Current Mailing Address: New Mailing Address:

IRENE BONHCORE

295 CHATHAM O

WEST PALM BEACH, FL 33417 US

SEACREST SERVICES INC

2400 CENTREPARK W DR #175

WEST PALM BEACH, FL 33417 US

FEI Number: 59-1820847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BONACORSI, IRENE JOHNSON, HARRIET 295 CHATHAM O 300 CHATHAM O

W PALM BCH., FL 33417 US WEST PALM BCH., FL 33417 US

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: HARRIET JOHNSON 03/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PS (X) Change () Addition

 Name:
 BONACORSI, IRENE
 Name:
 JOHNSON, HARRIET

 Address:
 295 CHATHAM O
 Address:
 300 CHATHAM O

City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: WEST PALM BEACH, FL 33417 US

 Name:
 CAMPBELL, MARY
 Name:
 CAMPBELL, MARY

 Address:
 292 CHATHAM O
 Address:
 292 CHATHAM O

City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: TD () Delete Title: T (X) Change () Addition

Name: NEW, GEORGINA Name: NEW, GEORGIANA

Address: 289 CHATHAM O Address: 289 CHATHAM O

City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: SD () Delete Title: D (X) Change () Addition

 Name:
 JOHNSON, HARRIET
 Name:
 GRAY, MARY

 Address:
 300 CHATHAM O
 Address:
 307 CHATHAM O

City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: WEST PALM BEACH, FL 33417 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALE CORONA MS 03/20/2009