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**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90109 020 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15216**

1. Corporation Name  
**CHARTER CAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business C/O LANG MANAGEMENT COMPANY, INC. 5295 TOWN CENTER RD #200 BOCA RATON FL 33486	Mailing Address C/O LANG MANAGEMENT COMPANY, INC. 5295 TOWN CENTER RD #200 BOCA RATON FL 33486
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/03/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2610758
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**LANG MANAGEMENT CO.**  
**5295 TOWN CENTER RD #200**  
**BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	RATCHFORD, PATRICIA	
STREET ADDRESS	19855-A PLANTERS BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TAS	<input checked="" type="checkbox"/> DELETE
NAME	ROMANOW, HERBERT	
STREET ADDRESS	19890-APLANTERS BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	POTTOFF, ARTHUR	
STREET ADDRESS	19885-B PLANTERS BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STRAUSS, JUNE	
STREET ADDRESS	19848D PLANTERS BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LUFTIG, BERNARD	
STREET ADDRESS	19849-A PLANTERS BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES + SEC D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EHRLICH, SAUL	
1.3 STREET ADDRESS	19867-D PLANTERS BLVD.	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LAZAR, MORTON	
2.3 STREET ADDRESS	19884-D PLANTERS BLVD.	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHERTER, SIDNEY	
3.3 STREET ADDRESS	19849-A PLANTERS BLVD.	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
4.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GREENFIELD, RICHARD	
4.3 STREET ADDRESS	19884-A PLANTERS BLVD	
4.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
5.1 TITLE	2VPD T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HABERMAN, GILBERT	
5.3 STREET ADDRESS	19867-C PLANTERS BLVD	
5.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

*Saul Ehrlich*  
 Date: 3/19/99 Daytime Phone #: 488-3626 (561)