


**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N15216</b> 1. Entity Name <b>CHARTER CAY CONDOMINIUM ASSOCIATION, INC.</b>						<b>Secretary of State</b>	
Principal Place of Business <b>21045 COMMERCIAL PARK BOCA RATON, FL 33486</b>				Mailing Address <b>21045 COMMERCIAL PARK BOCA RATON, FL 33486</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>WILLIAM K. ISAACSON, 21045 COMMERCIAL PARK BOCA RATON, FL 33486</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BOOK, FAITH 19861-C PLANTERS BLVD BOCA RATON, FL 33434 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/> <b>U00000898429 04/25/08-80086-021 70.00</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RACKSON, CHESTER 19884 B PLANTERS BLVD BOCA RATON, FL 33434 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S SCHEPPS, JOAN 19861-D PLANTERS BLVD. BOCA RATON, FL 33434 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD CAPE, CONRAD 19855-C PLANTERS BLVD BOCA RATON, FL 33434 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP RATCHFORD, PATRICIA 19855-A PLANTERS BLVD. BOCA RATON, FL 33434 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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: <b>Faith Book - Pres.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>4/8/08</b> <small>Date Daytime Phone #</small>			