

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90052 015 \*\*\*150.00

40044830



03242005 Chg-P CR2E034 (10/03)

4. FEI Number **98-0112066** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DOCUMENT # P96000057433**  
 1. Entity Name  
**CHATHAM APARTMENTS OF ORLANDO, INC.**



Principal Place of Business  
**30 ST. CLAIR AVE. WEST**  
**SUITE 1100, TORONTO, ONTARIO, CANADA**  
**M4V 3A1,**

Mailing Address  
**30 ST. CLAIR AVE. WEST**  
**SUITE 1100, TORONTO, ONTARIO, CANADA**  
**M4V 3A1,**

2. Principal Place of Business  
**30 ST. CLAIR AVE. WEST**

3. Mailing Address  
**30 ST. CLAIR AVE. WEST**

Suite, Apt. #, etc.  
**SUITE 500**

City & State  
**Toronto, Ontario**

Zip  
**M4V 3A1**

Country  
**Canada**

6. Name and Address of Current Registered Agent  
**WHITAKER, COLE**  
**800 N. MAGNOLIA AVENUE, SUITE 450**  
**ORLANDO, FL 32803**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEDOFF, RONALD A</b> <b>30 ST. CLAIR AVE. WEST, STE. 1100</b> <b>TORONTO, ONTARIO CAN M4V 3A1,</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>30 ST. CLAIR AVE. W, SUITE 500</b> <b>TORONTO, ON, CANADA M4V 3A1</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOFFER, MAYER</b> <b>30 ST. CLAIR AVE. WEST, STE. 1100</b> <b>TORONTO, ONTARIO CAN M4V 3A1,</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>30 ST. CLAIR AVE. W, SUITE 500</b> <b>TORONTO, ON, CANADA M4V 3A1</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 607, 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:** Ronald Medoff **RONALD MEDOFF** Mar 30/05 416-912-0458  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #