

Return to: (enclose self-addressed stamped envelope)

Name: NAOMI SCHECHTER ✓
Address: 256 CHATHAM - M
W. PALM BCH, FL
33417

FEB-08-1994 10:11am 94-044971
ORB 8113 Pg 954
RECORD VERIFIED DOROTHY H WILKEN
CLERK OF THE COURT - PB COUNTY, FL

Property Appraisers Parcel Identification (Folio) Number(s):

CERTIFIED RESOLUTIONS

The undersigned, ^{TREASURER}~~Secretary~~ of Chatham M Condominium Association, Inc., does hereby certify that at a duly held meeting of the Association's members on February 2, 1994, at which a quorum was present throughout, the following Resolution was duly adopted by the Association members casting the requisite number of affirmative votes, and which resolution is still in force and affect, to wit:

TO GIVE THE ASSOCIATION THE AUTHORITY TO LEVY A FEE ON ALL SALES, RE-SALES, LEASES, AND RE-LEASES (NOT OF A CONTINUOUS NATURE), REGARDLESS OF OWNERSHIP OR MORTGAGOR. FURTHERMORE, THE FEE OF WHATEVER IS ALLOWABLE BY LAW WILL BE IN EFFECT.

I FURTHER CERTIFY THAT I HAVE COMPARED THE ABOVE AND FOREGOING COPY OF THE RESOLUTIONS WITH THE ORIGINAL RECORD OF SAID RESOLUTIONS AND THAT THIS COPY IS FULL, TRUE AND EXACT; THAT THE MEETING AT WHICH SAID RESOLUTION WAS ADOPTED WAS CALLED AND HELD PURSUANT TO AND IN ACCORDANCE WITH THE REQUIREMENTS OF LAW; THE DECLARATION AND BY-LAWS OF SAID ASSOCIATION.

WITNESS MY HAND AND THE SEAL OF THE ASSOCIATION, THIS 8TH DAY OF February 1994.

Pres: Allan Feldman

Name: Naomi Schechter ^{TREASURER}~~Secretary~~
CONDOMINIUM ASSOCIATION, INC.

RECORDER'S MEMO: Legibility of Writing, Typing or Printing unsatisfactory in this document when received.

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this February 8, 1994 by Allan Feldman AND Naomi Schechter

who is personally known to me or who has produced Both Produced Florida D.C. as identification and who did (did not) take an oath.



TAMARA T. STAMBAUGH
MY COMMISSION # CC 230482 EXPIRES
October 29, 1995
BONDED THRU TROY FAIR INSURANCE, INC.

Tamara T. Stambaugh
Notary (Print and Sign Name)

Commission No. _____