2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90260 030 ****61.25

94073121

DOCUMENT # N35748

1. Entity Name
CHAPEL TRAIL CORPORATE PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12505 ORANGE DR SUITE #906 DAVIE, FL 33330 US	12505 ORANGE DR SUITE #906 DAVIE, FL 33330 US

02062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0170500 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POFFENBARGER, MARK
C/O CENTURY MGMT SERVICES, INC
12505 ORANGE DR SUITE #906
DAVIE, FL 33330

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 _____ 4/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOENIG, PAUL 9000 SHERIDAN ST #130 PEMBROKE PINES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Paul Koenig 21011 Johnson Street, Suite 101 Pembroke Pines, FL 33029	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALCANTARA, INGRID 9000 SHERIDAN ST #130 PEMBROKE PINES, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ingrid Alcantara 21011 Johnson Street, Suite 101 Pembroke Pines, FL 33029	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD KOENIG, MICHAEL 9000 SHERIDAN ST #130 PEMBROKE PINES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD Michael Koenig 21011 Johnson Street, Suite 101 Pembroke Pines, FL 33029	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 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: _____ 3-31-04 954-424-6353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #