

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 21, 2009
Secretary of State

DOCUMENT# N35748

Entity Name: CHAPEL TRAIL CORPORATE PARK ASSOCIATION, INC.**Current Principal Place of Business:**C/O CENTURY MANAGEMENT SERVICES
1495 NORTH PARK DRIVE
WESTON, FL 33326 US**New Principal Place of Business:****Current Mailing Address:**C/O CENTURY MANAGEMENT SERVICES
1495 NORTH PARK DRIVE
WESTON, FL 33326 US**New Mailing Address:****FEI Number:** 65-0170500**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**POFFENBARGER, MARK
1495 NORTH PARK DRIVE
WESTON, FL 33326 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: KOENIG, PAUL
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326**Title:** VSTD () Delete
Name: KOENIG, MICHAEL
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326**Title:** D () Delete
Name: ROURKE, TERESA
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: KOENIG, MICHAEL
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326**Title:** VSTD (X) Change () Addition
Name: KOENIG, PAUL
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK POFFENBARGER

AGEN

05/21/2009

Electronic Signature of Signing Officer or Director

Date