

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N40538

FILED  
Jun 17, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE PRESERVE AT CHAPEL TRAIL HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

925 NW 203 AVE  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BX 820639  
SO FLORIDA, FL 330820638 US

**New Mailing Address:**

FEI Number: 65-0215113      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WRIGHT, EVELINE  
925 N.W. 203 AVE.  
PEMBROKE PINES, FL 33029 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: VP ( ) Delete  
Name: GONZALEZ, VICTOR  
Address: 915 N.W. 201 AE.  
City-St-Zip: PEMBROKE PINES, FL

Title: PD (X) Delete  
Name: WELLS, LINDA  
Address: 970 N.W. 203RD AVE.  
City-St-Zip: PEMBROKE PINES, FL

Title: VD ( ) Delete  
Name: SCHUE, PAUL  
Address: 920 NW 203 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD ( ) Delete  
Name: WRIGHT, EVELINE R.  
Address: 925 N.W. 203 AVE.  
City-St-Zip: PEMBROKE PINES, FL

Title: S (X) Delete  
Name: SINGER, MICHELLE  
Address: 20130 NW 9 DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete  
Name: OBERLE, RAYMOND  
Address: 930 NW 201 WAY  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WELLS, LINDA  
Address: 970 NW. 203RD AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SCHUE, PAUL  
Address: 920 NW 203 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EVELINE R WRIGHT

TD

06/17/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date