

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 48739

1. Corporation Name
DIMENSKNS NORTH AT CHAPEL TRAIL ASSOCIATION, INC

Principal Place of Business: 2421 SW 127th AVENUE DAVIE, FL 33325
Mailing Address: 2421 SW 127th AVENUE DAVIE, FL 33325

3. Date Incorporated or Qualified: 05/06/1992
3a. Date of Last Report: 4/05/95

2. Principal Place of Business: 21. MIKE BROTHERS MGMT, CO
22. 2421 SW 127 AVENUE
23. DAVIE, FL
24. 33325
25. BRWD
26. MIKE BROTHERS MGMT, INC
27. 2421 SW 127 AVENUE
28. DAVIE, FL
29. 33325
30. BRWD

4. FEI Number: 65-0333411
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ANDREW MUSBERG
9221 W. BRUWARD BLVD. #240
PLANTATION, FL 33324

10. Name and Address of New Registered Agent
81. Name: VERONICA MIKELE
82. Street Address (P.O. Box Number is Not Acceptable): 2421 SW 127th AVENUE
83. City: DAVIE
84. State: FL
85. Zip Code: 33325

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: 4/06/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHN ROOT	
STREET ADDRESS	1832 NW 184 TERRACE	
CITY-ST-ZIP	REMBROKE PINES, FL 33029	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SEENA FRITZ	
STREET ADDRESS	19510 NW 19TH STREET	
CITY-ST-ZIP	REMBROKE PINES, FL 33029	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DONNA SPADIFINO	
STREET ADDRESS	P.O. BOX 821025	
CITY-ST-ZIP	S. FLORIDA, FL NA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HELEN BARNER	
STREET ADDRESS	2121 NW 194 WAY	
CITY-ST-ZIP	REMBROKE PINES, FL 33029	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERT MCCORMAC	
STREET ADDRESS	1902 NW 194 TERRACE	
CITY-ST-ZIP	REMBROKE PINES, FL 33029	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERT RIVERIO	
STREET ADDRESS	P.O. BOX 821116	
CITY-ST-ZIP	SOUTH FLORIDA, FL 33029	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ARTHUR PETINSKY	
13 STREET ADDRESS	19443 NW 20 STREET	
14 CITY-ST-ZIP	REMBROKE PINES, FL 33029	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	400001873014	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	-06/24/96--01030--030	
53 STREET ADDRESS	***8.75	
54 CITY-ST-ZIP		
61 TITLE	500001873015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-06/24/96--01030--031	
63 STREET ADDRESS	***61.25	
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: [Signature] DATE: 6-10-96 DAYTIME PHONE #: 643-7567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOHN ROOT

CR2E037 (12/95)