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Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N48739 (9)

1. Corporation Name  
DIMENSIONS NORTH AT CHAPEL TRAIL ASSOCIATION, IN C.



Principal Place of Business Mailing Address  
C/O MIELE BROTHERS MGMT CO  
2421 SW 127 AVENUE  
DAVIE FL 33325  
US

3. Date Incorporated or Qualified 05/06/1992  
3a. Date of Last Report 06/23/1996

2. Principal Place of Business 21 9000 Sheridan Street  
2a. Mailing Address 26 9000 Sheridan Street

4. FEI Number 65-0333411  
Applied For Not Applicable

22 Suite, Apt. #, etc. Suite 100

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

23 City & State Pembroke Pines FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 33024 25 Country US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIELE, VERONICA  
2421 SW 127TH AVENUE  
DAVIE FL 33325

81 Name John Root  
82 Street Address (P.O. Box Number is Not Acceptable) C/O Zimmerman Management Services, Inc.  
83 9000 Sheridan Street, Suite 100  
84 City Pembroke Pines FL 85 Zip Code 33024

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]* John Root, President 2-17-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHN ROOT	
STREET ADDRESS	1832 NW 184 TERRACE	
CITY - ST - ZIP	PEMBROKE PINES FL 33029	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SEENA FRITZ	
STREET ADDRESS	18510 NW 18TH ST	
CITY - ST - ZIP	PEMBROKE PINES FL 33029	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DONNA SPADIFINO	
STREET ADDRESS	P.O. BOX 821025 N/A	
CITY - ST - ZIP	SOUTH FLORIDA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BARNER, HELEN	
STREET ADDRESS	2121 NW 184 WAY	
CITY - ST - ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCRAE, ROBERT	
STREET ADDRESS	1902 NW 184 TERRACE	
CITY - ST - ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIVERIO, ROBERT	
STREET ADDRESS	P.O. BOX 821116 NA	
CITY - ST - ZIP	SOUTH FLORIDA FL 33028	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael Foster
2.3 STREET ADDRESS	18529 N.W. 22nd Street
2.4 CITY - ST - ZIP	Pembroke Pines, FL 33029
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Donna Spadafino
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	McRae, Robert
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Rivero, Robert
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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]* John Root, President 2-17-97 (954)431-7111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

**CORPORATION ANNUAL REPORT**

**1997**

**DOCUMENT # N48739**

**DIMENSIONS NORTH AT CHAPEL TRAIL ASSOCIATION, INC.**

**FEI Number 65-0333411**

**13. OFFICERS AND DIRECTORS - (cont.)**

7.1 TITLE	D	Addition
7.2 NAME	Art Petinsky	
7.3 STREET ADDRESS	18483 N.W. 20th Street	
7.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	

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