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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
900 SHERIDAN ST. STE 100 PEMBROKE PINES FL 33024 US
9000 SHERIDAN ST. STE 100 PEMBROKE PINES FL 33024 US

3. Date Incorporated or Qualified
05/06/1992
4. FEI Number
65-0333411
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 9000 Sheridan St 26 Suite, Apt. #, etc.
22 Suite 100 27
23 City & State Pembroke Pines, FL 28 City & State
24 Zip 33024 25 Country 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
JOHN ROOT
C/O ZIMMERMAN MANAGEMENT SERVICE INC
9000 SHERIDAN ST., STE 100
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent
81 Name Howard J. Zimmerman
82 Street Address (P.O. Box Number is Not Acceptable) c/o Zimmerman Management Services Inc.
83 9000 Sheridan St. Ste 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 Howard J. Zimmerman DATE 2/16/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN ROOT 1832 NW 184 TERRACE PEMBROKE PINES FL 33029 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL FOSTER 18529 N.W. 22ND ST. PEMBROKE PINES FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONNA SPADAFINO P.O. BOX 821025 N/A SOUTH FLORIDA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNER, HELEN 2121 NW 184 WAY PEMBROKE PINES FL 33029 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCRAE, ROBERT 1902 NW 184 TERRACE PEMBROKE PINES FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERO, ROBERT P.O. BOX 821116 NA SOUTH FLORIDA FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Milton, Adrian 1942 NW 184th Way Pembroke Pines, FL 33029 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information provided 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 attached sheet with an address.

SIGNATURE [Signature] DATE 2/16/98 (954)431-7111

CR2E037 (10/97)

CORPORATION ANNUAL REPORT

1998

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DIMENSIONS NORTH AT CHAPEL TRAIL ASSOCIATION, INC.

FEI Number 65-0333411

13. OFFICERS AND DIRECTORS -(continued)

7.1 Title	D	Addition
7.2 Name	Art Petinsky	
7.3 Street Address	18483 NW 20 th Street	
7.4 City-St-Zip	Pembroke Pines, FL 33029	
