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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03-04-1999 90026 022 ****61.25

DOCUMENT # N48739

1. Corporation Name

DIMENSIONS NORTH AT CHAPEL TRAIL ASSOCIATION, IN C.

Principal Place of Business

9000 SHERIDAN STREET
STE 100
PEMBROKE PINES FL 33024
US

Mailing Address

9000 SHERIDAN ST.
STE 100
PEMBROKE PINES FL 33024
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/06/1992

4. FEI Number

65-0333411

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ZIMMERMAN, HOWARD J.
C/O ZIMMERMAN MANAGEMENT SERVICES, INC.
9000 SHERIDAN ST., STE 100
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHN ROOT
STREET ADDRESS 1832 NW 184 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE D
NAME MICHAEL FOSTER
STREET ADDRESS 18529 N.W. 22ND ST.
CITY-ST-ZIP PEMBROKE PINES FL

TITLE S
NAME DONNA SPADAFINO
STREET ADDRESS P.O. BOX 821025 N/A
CITY-ST-ZIP SOUTH FLORIDA FL

TITLE D
NAME MILTON, ADRIAN
STREET ADDRESS 1942 NW 184TH WAY
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE VD
NAME MCRAE, ROBERT
STREET ADDRESS 1902 NW 184 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL

TITLE D
NAME RIVERO, ROBERT
STREET ADDRESS P.O. BOX 821116 NA
CITY-ST-ZIP SOUTH FLORIDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 18475 NW 21 St
3.4 CITY-ST-ZIP Pembroke Pines, FL 33029

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS 2081 NW 185 Way
6.4 CITY-ST-ZIP Pembroke Pines, FL 33029

14. I 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, with all other like empowerments.

SIGNATURE:

SIGNATURE [Signature]

2/15/99

(954) 431-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)