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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N49435 (3)

1. Corporation Name

**WEITZER CHAPEL TRAIL HOMES HOMEOWNERS' ASSOCIATI
ON, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**4880-SW-72ND-AVE
STE-401-
MIAMI-FL-33155-**

**4880-SW-72ND-AVE
STE-401-
MIAMI-FL-33155**

3. Date Incorporated or Qualified

06/18/1992

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0341338

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5901 NW 151 Street

26 5901 NW 151 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 120

27 Suite 120

City & State

City & State

23 Miami Lakes, Florida

28 Miami Lakes, Florida

Zip

Country

Zip

Country

24 33014

25 USA

29 33014

30 USA

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under 5. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEITZER, HARRY
4880-SW-72ND-AVE
STE-401-
MIAMI-FL-33155**

81 Name

Weitzer, Harry

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

5901 NW 151 Street

83

Suite 120

84 City

Miami Lakes

FL

85 Zip Code

33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

WEITZER, HARRY

STREET ADDRESS

4880-SW-72ND-AVE-#401

CITY - ST - ZIP

MIAMI-FL---

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

5901 NW 151 Street, Suite 120

1.4 CITY - ST - ZIP

Miami Lakes, Florida 33014

TITLE

VSD

NAME

BURNSIDE, ESTELLE

STREET ADDRESS

4880-SW-72ND-AVE-#401

CITY - ST - ZIP

MIAMI-FL---

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

5901 NW 151 Street, Suite 120

2.4 CITY - ST - ZIP

Miami Lakes, Florida 33014

TITLE

TD

NAME

COREN, GEORGE J.

STREET ADDRESS

4880-SW-72ND-AVE-#401-

CITY - ST - ZIP

MIAMI-FL---

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

5901 NW 151 Street, Suite 120

3.4 CITY - ST - ZIP

Miami Lakes, Florida 33014

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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 110.07(3)(a), 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:

Estelle Burnside

4/17/95

(305) 819-4663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Estelle Burnside

Date

(Type in Phone #)