

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 # **N49435 (3)**

1. Corporation Name

WEITZER CHAPEL TRAIL HOMES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5901 NW 151 ST
SUITE 120
MIAMI LAKES FL 33014
US

5901 NW 151 ST
SUITE 120
MIAMI LAKES FL 33014
US

3. Date Incorporated or Qualified
06/18/1992

3a. Date of Last Report
04/25/1995

2. Principal Place of Business
21 **9000 Sheridan Street**

2a. Mailing Address
26 **9000 Sheridan Street**

4. FEI Number
65-0341338

Applied For
Not Applicable

22 Suite, Apt. #, etc.
Suite 100

27 Suite, Apt. #, etc.
Suite 100

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

23 City & State
Pembroke Pines, FL

28 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

29 Zip
33024

30 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

**WIETZER, HARRY
5901 NW 151 ST
SUITE 120
MIAMI LAKES FL 33014**

81 Name **Howard J. Zimmerman**

82 Street Address (P.O. Box Number is Not Accepted)
Zimmerman Management Services, Inc.

83 **9000 Sheridan St., Suite 100**

84 City
Pembroke Pines

85 State
FL

86 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
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

4-4-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WEITZER, HARRY	
STREET ADDRESS	5901 NW 151 ST SUITE 120	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	BURNSIDE, ESTELLE	
STREET ADDRESS	5901 NW 151 ST SUITE 120	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	COREN, GEORGE J.	
STREET ADDRESS	5901 NW 151 ST SUITE 120	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alter, Nicholas	
1.3 STREET ADDRESS	19322 N.W. 11th Street	
1.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Burnside, Estelle	
2.3 STREET ADDRESS	5901 N.W. 151 St., Suite 120	
2.4 CITY-ST-ZIP	Miami Lakes, FL 33014	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vazquez, Jesus R.	
3.3 STREET ADDRESS	1331 N.W. 193rd Avenue	
3.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
4.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	James, Veronica	
4.3 STREET ADDRESS	1222 N.W. 195th Avenue	
4.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Riveira, Gustavo L.	
5.3 STREET ADDRESS	19403 N.W. 11th Street	
5.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Shattles, Margaret	
6.3 STREET ADDRESS	19368 N.W. 14th Street	
6.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	

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: *Nicholas Alter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96 (954) 431-7111
Date Daytime Phone #

CR2E037 (12/95)