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Mar 11 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 # N49435 (3)

1. Corporation Name

WEITZER CHAPEL TRAIL HOMES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9000 SHERIDAN ST
SUITE 100
PEMBROKE PINES FL 33024
US

9000 SHERIDAN ST
SUITE 100
PEMBROKE PINES FL 33024-8801
US

3. Date Incorporated or Qualified
06/18/1992

3a. Date of Last Report
04/09/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0341338

Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIMMERMAN, HOWARD J
ZIMMERMAN MANAGEMENT SERVICES, INC
9000 SHERIDAN ST SUITE 100
PEMBROKE PINES FL 33024

81 Name
Nicholas Alter

82 Street Address (P.O. Box Number is Not Acceptable)
c/o Zimmerman Management Services, Inc.

83 9000 Sheridan St., 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 *Nicholas Alter*
Signature, typed or printed name of registered agent and title if applicable

Nicholas Alter, President/Dir.

3-6-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME ALTER, NICHOLAS
STREET ADDRESS 19322 NW 11 ST
CITY-ST-ZIP PEMBROKE PINES FL

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

TITLE D DELETE
NAME BURNSIDE, ESTELLE
STREET ADDRESS 5801 NW 151 ST SUITE 120
CITY-ST-ZIP MIAMI LAKES FL

2.1 TITLE V PD Change Addition
2.2 NAME James, Veronica
2.3 STREET ADDRESS 1222 NW 195 Avenue
2.4 CITY-ST-ZIP Pembroke Pines FL 33029

TITLE VPD DELETE
NAME VAZQUEZ, JESUS R
STREET ADDRESS 1331 NW 193 AVE
CITY-ST-ZIP PEMBROKE PINES FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE S Change Addition
4.2 NAME Shattles, Margaret
4.3 STREET ADDRESS 19368 NW 14 Street
4.4 CITY-ST-ZIP Pembroke Pines FL 33029

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE TD Change Addition
5.2 NAME Riveira, Gustavo
5.3 STREET ADDRESS 19403 NW 11 Street
5.4 CITY-ST-ZIP Pembroke Pines FL 33029

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D Change Addition
6.2 NAME Washington, Gwonda
6.3 STREET ADDRESS 1220 NW 193 Avenue
6.4 CITY-ST-ZIP Pembroke Pines FL 33029

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:

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

Date

Daytime Phone # 0023810

CR2E037 (9/96)