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Feb 13 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 # N49435 (3)
Corporation Name
WEITZER CHAPEL TRAIL HOMES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 9000 SHERIDAN ST SUITE 100 PEMBROKE PINES FL 33024 US

Mailing Address: 9000 SHERIDAN ST SUITE 100 PEMBROKE PINES FL 33024 US

2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24 25

2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: 06/18/1992

4. FEI Number: 65-0341338 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

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
ALTER, NICHOLAS
% ZIMMERMAN MANAGEMENT SERVICES, INC.
9000 SHERIDAN ST., SUITE 100
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name: Howard J. Zimmerman, President

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

83 9000 Sheridan St., Suite 100

84 Pembroke Pines, FL 85 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* Howard J. Zimmerman, Pres. 2/5/98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------------------|--------------------------------|-------------------------------------------------------|-------------------------------------------------------|
| TITLE: PD | NAME: ALTER, NICHOLAS | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE: SD |
| STREET ADDRESS: 19322 NW 11 ST | CITY-ST-ZIP: PEMBROKE PINES FL | | 1.2 NAME: Gitomer, Nina |
| | | | 1.3 STREET ADDRESS: 1120 NW 194th Ave |
| | | | 1.4 CITY-ST-ZIP: Pembroke Pines, FL 33029 |
| TITLE: VPD | NAME: JAMES, VERONICA | <input type="checkbox"/> DELETE | 2.1 TITLE: [Change] <input type="checkbox"/> Addition |
| STREET ADDRESS: 1222 N.W. 195TH AVENUE | CITY-ST-ZIP: PEMBROKE PINES FL | | 2.2 NAME: |
| | | | 2.3 STREET ADDRESS: |
| | | | 2.4 CITY-ST-ZIP: |
| TITLE: VPD | NAME: VAZQUEZ, JESUS R | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE: [Change] <input type="checkbox"/> Addition |
| STREET ADDRESS: 1331 NW 193 AVE | CITY-ST-ZIP: PEMBROKE PINES FL | | 3.2 NAME: |
| | | | 3.3 STREET ADDRESS: |
| | | | 3.4 CITY-ST-ZIP: |
| TITLE: S | NAME: SHATTLES, MARGARET | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE: D |
| STREET ADDRESS: 19368 N.W. 14TH STREET | CITY-ST-ZIP: PEMBROKE PINES FL | | 4.2 NAME: Shattles, Robert |
| | | | 4.3 STREET ADDRESS: 19368 NW 14th Street |
| | | | 4.4 CITY-ST-ZIP: Pembroke Pines, FL 33029 |
| TITLE: TD | NAME: RIVEIRA, GUSTAVO | <input type="checkbox"/> DELETE | 5.1 TITLE: PD |
| STREET ADDRESS: 19403 N.W. 11TH STREET | CITY-ST-ZIP: PEMBROKE PINES FL | | 5.2 NAME: [Change] <input type="checkbox"/> Addition |
| | | | 5.3 STREET ADDRESS: |
| | | | 5.4 CITY-ST-ZIP: |
| TITLE: D | NAME: WASHINGTON, GWONDA | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE: TD |
| STREET ADDRESS: 1220 N.W. 193RD AVENUE | CITY-ST-ZIP: PEMBROKE PINES FL | | 6.2 NAME: Goldberger, Robert |
| | | | 6.3 STREET ADDRESS: 19343 NW 11th Street |
| | | | 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.

SIGNATURE: *Howard J. Zimmerman* 2/5/98 (954) 431-7111

CR2E037 (10/97)