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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N49435

1. 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.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

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

9. Name and Address of Current Registered Agent

ZIMMERMAN, HOWARD J PRESI C/O ZIMMERMAN MANAGEMENT SVCS INC 9000 SHERIDAN ST SUITE 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 SD NAME GITOMER, NINA STREET ADDRESS 1120 NW 194TH AVE CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE VPD NAME JAMES, VERONICA STREET ADDRESS 1222 N.W. 195TH AVENUE CITY-ST-ZIP PEMBROKE PINES FL

TITLE D NAME SHATTLES, ROBERT STREET ADDRESS 19368 NW 14TH ST CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE PD NAME RIVEIRA, GUSTAVO STREET ADDRESS 19403 N.W. 11TH STREET CITY-ST-ZIP PEMBROKE PINES FL

TITLE TD NAME GOLDBERGER, ROBERT STREET ADDRESS 19343 NW 11TH ST CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 D 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

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

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 6.4 CITY-ST-ZIP

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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/11/99

(954) 431-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)