

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0017359

04-11-2002 90781 001 ****61.25

DOCUMENT # N49435

1. Entity Name

**WEITZER CHAPEL TRAIL HOMES HOMEOWNERS' ASSOCIATI
 ON, 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
 US

2. Principal Place of Business

12505 Orange Drive

3. Mailing Address

12505 Orange Drive

Suite, Apt. #, etc.

Suite 906

Suite, Apt. #, etc.

Suite 906

City & State

Davie, Fl

City & State

Davie, Fl

Zip

33330

Country

Broward

Zip

33330

Country

Broward

4. FEI Number

65-0341338

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POFFENBARGER, MARK
C/O CENTURY MANAGEMENT SERVICES INC
9000 SHERIDAN ST SUITE 100
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name
~~Mark Poffenbarger~~
 Street Address (P.O. Box Number is Not Acceptable)
c/o Century Management Services, Inc..
12505 Orange Dr. Suite 906
 City
Davie **FL** Zip Code
33330

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Mark Poffenbarger, Property Manager

3/6/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GITOMER, NINA	
STREET ADDRESS	1120 NW 194TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STANDER, SAMUEL	
STREET ADDRESS	19466 NW 13 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHATTLES, ROBERT	
STREET ADDRESS	19368 NW 14TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RIVEIRA, GUSTAVO	
STREET ADDRESS	19403 N.W. 11TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOLDBERGER, ROBERT	
STREET ADDRESS	19343 NW 11TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edwin Adler	
STREET ADDRESS	19467 NW 13 St.	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Tarantola	
STREET ADDRESS	19353 NW 11 St.	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3/6/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)