## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N49435**

1. Entity Name

WEITZER CHAPEL TRAIL HOMES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

12505 ORANGE DRIVE

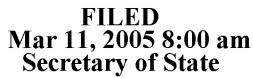
**SUITE #906** 

DAVIE, FL 33330 US

Mailing Address

12505 ORANGE DRIVE SUITE #906

DAVIE, FL 33330 US



03-11-2005 90311 005 \*\*\*\*61.25

3000T000



03032005 No Chg-NP

CR2E037 (10/03)

4.	FEI Number	 Applied For	_
	65-0341338	Not Applicable	3
5.	Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

POFFENBARGER, MARK C/O CENTURY MANAGEMENT SERVICES INC 12505 ORANGE DRIVE SUITE 906 **DAVIE, FL 33330** 

DO	NOT	WRIT	E
IN .	THIS	SPACI	Ε

271112,12						
	named entity submits this statement for the proof of registered agent.	urpose of changing its registered	d office or re	egistered agent, or both, in the State	e of Florida. I am familiar with, and accept	ı
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signatura	required when reinstating)	DATE	
. ,	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	:			_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADLER, EDWIN 19467 NW 13 STREET PEMBROKE PINES, FL 33029		*			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STANDER, SAMUEL 19466 NW 13 STREET PEMBROKE PINES, FL 33029					
NAME STREET ADDRESS CITY-ST-ZIP	TD RIVEIRA, GUSTAVO 19403 N.W. 11TH STREET PEMBROKE PINES, FL 33029		<u>a                                    </u>	DO NOT	· WRITE	4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERGER, ROBERT 19343 NW 11TH ST PEMBROKE PINES, FL 33029			IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEUBER, DANIEL 19333 NW 11TH STREET PEMBROKE PINES, FL 33029					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•			
r∡. I nereby	certify that the information supplied with this fi	JING GOES BOT QUAILTY FOR THE EXEM	nduon state	o in Section 119.07(3)(0. Flooda Sta	atures, i juriner 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 attraction 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 attraction of the receiver or trustee empowered.

SIGNATURE:

COUNT SOURCE SIGNING OFFICER OR DIRECTOR

954438-8370