


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

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

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
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03032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0341338	Applied For Not Applicable
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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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVEIRA, GUSTAVO 19403 N.W. 11TH STREET PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERGER, ROBERT 19343 NW 11TH ST PEMBROKE PINES, FL 33029
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	

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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: *Robert Standers*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/05 954438-8370
 Date Daytime Phone #