


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90411 011 \*\*\*\*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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**50012766**



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04062006 Chg-NP CR2E037 (11/05)

City & State	City & State	4. FEI Number 65-0341338	Applied For Not Applicable
Zip	Country	Zip	Country

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

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	ADLER, EDWIN	
STREET ADDRESS	19467 NW 13 STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STANDER, SAMUEL	
STREET ADDRESS	19466 NW 13 STREET	
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 33029	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDBERGER, ROBERT	
STREET ADDRESS	19343 NW 11TH ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEUBER, DANIEL	
STREET ADDRESS	19333 NW 11TH STREET	
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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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		
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 exemptions contained in Chapter 119, 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 Goldberg ROBERT GOLDBERGER 4/17/06 954 438-8370  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #