

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90055 031 ****61.25

40029333



02222007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0341338 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

2. Principal Place of Business - No P.O. Box #
 12233 SW 55th St.
 Suite, Apt. #, etc.
 Suite 811

3. Mailing Address
 12233 SW 55th St.
 Suite, Apt. #, etc.
 Suite 811

City & State
 Cooper City FL

City & State
 Cooper City FL

Zip Country
 33330 USA

Zip Country
 33330 USA

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 same
 Street Address (P.O. Box Number is Not Acceptable)
same
 12233 SW 55th Street, Suite 811
 City Cooper City **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. 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, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	ADLER, EDWIN 19467 NW 13 STREET PEMBROKE PINES, FL 33029	TITLE Director	Steven Rotolo 1121 NW 193rd Ave Pembroke Pines FL 33329
NAME		NAME	DELETE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE TD	RIVEIRA, GUSTAVO 19403 N.W. 11TH STREET PEMBROKE PINES, FL 33029	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE PD	GOLDBERGER, ROBERT 19343 NW 11TH ST PEMBROKE PINES, FL 33029	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	STUEBER, DANIEL 19333 NW 11TH STREET PEMBROKE PINES, FL 33029	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Golberg **3/1/07** **954 438-8370**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #