


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90019 003 ****61.25

DOCUMENT # N49435

1. Entity Name
WEITZER CHAPEL TRAIL HOMES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 12233 SW 55TH ST
 SUITE 811
 COOPER CITY, FL 33330 US

Mailing Address
 12233 SW 55TH ST
 SUITE 811
 COOPER CITY, FL 33330 US

2. Principal Place of Business - No P.O. Box #
1495 NORTH PARK DRIVE

3. Mailing Address
1495 NORTH PARK DRIVE

Suite, Apt. #, etc.

City & State
WESTON, FLORIDA

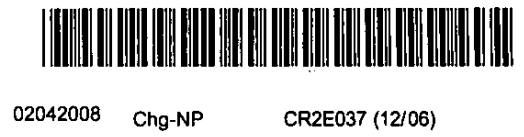
City & State
WESTON, FLORIDA

Zip
33326

Country
BROWARD

Zip
33326

Country
BROWARD



4. FEI Number
65-0341338

Applied For
 Not Applicable

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
 12233 SW 55TH STREET, SUITE 811
 COOPER CITY, FL 33330

7. Name and Address of New Registered Agent

Name *SAME*

Street Address (P.O. Box Number is Not Acceptable)
1495 NORTH PARK DRIVE

City *WESTON* FL Zip Code *33326*

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, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	D ADLER, EDWIN 19467 NW 13 STREET PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVEIRA, GUSTAVO 19403 N.W. 11TH STREET PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERGER, ROBERT 19343 NW 11TH ST PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUEBER, DANIEL 19333 NW 11TH STREET PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTOLO, STEVEN 1121 NW 193RD AVE PEMBROKE PINES, FL 333029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P. George Tarantola</i> <i>19353 N.W. 11 St.</i> <i>P.P. FL. 33029</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Doolan* DATE: *2/7/08* DAYTIME PHONE #: *954 438-8370*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR