

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90026 030 ****61.25

DOCUMENT # N35748 1. Entity Name CHAPEL TRAIL CORPORATE PARK ASSOCIATION, INC.			
Principal Place of Business 12233 SW 55TH STREET SUITE 811 COOPER CITY, FL 33322 US		Mailing Address 12233 SW 55TH STREET SUITE 811 COOPER CITY, FL 33322 US	
2. Principal Place of Business - No P.O. Box # 1495 NORTH PARK DRIVE Suite, Apt. #, etc.		3. Mailing Address 1495 NORTH PARK DRIVE Suite, Apt. #, etc.	
City & State WESTON, FLORIDA Zip Country 33326 BROWARD		City & State WESTON, FLORIDA Zip Country 33326 BROWARD	
4. FEI Number 65-0170500		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POFFENBARGER, MARK C/O CENTURY MGMT SERVICES, INC 12233 SW 55TH ST. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	PO VSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENIG, PAUL	NAME	
STREET ADDRESS	21011 JOHNSON STREET STE 101	STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES, FL 33029	CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALCANTARA, INGRID	NAME	ROURKE, TERESA
STREET ADDRESS	21011 JOHNSON STREET STE 101	STREET ADDRESS	21011 JOHNSON ST. STE 101
CITY - ST - ZIP	PEMBROKE PINES, FL 33029	CITY - ST - ZIP	PEMBROKE PINES, FL 33029
TITLE	VSTD P3 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENIG, MICHAEL	NAME	
STREET ADDRESS	21011 JOHNSON STREET STE 101	STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES, FL 33029	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	

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