

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40538

FILED
Mar 23, 2009
Secretary of State

Entity Name: THE PRESERVE AT CHAPEL TRAIL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1495 N PARK DR.
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

1495 N PARK DR
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 65-0215113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARK POFFENBARGER, CENTURY MGMT SVCS
1495 N PARK DRIVE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

LAWRENCE BACHE
9000 SHERIDAN STREET
174
HOLLYWOOD, FL 33024 US

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.

SIGNATURE: LB

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WELLS, LINDA
Address: 970 NW. 203RD AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S () Delete
Name: HUDSON, DON
Address: 20149 NW 9TH DRIVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD () Delete
Name: KERSBERGEN, WILLIAM
Address: 20281 NW LOTE ST.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: OBERLE, RAYMOND
Address: 930 NW 201 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WELLS, LINDA
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: S (X) Change () Addition
Name: KAUFMAN, BARBARA
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: TD (X) Change () Addition
Name: KERSBERGEN, WILLIAM
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: VP (X) Change () Addition
Name: OBERLE, RAYMOND
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE CORT

LCAM

03/23/2009

Electronic Signature of Signing Officer or Director

Date