

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48739

**FILED**  
**Feb 18, 2019**  
**Secretary of State**  
**2072200445CC**

**Entity Name:** DIMENSIONS NORTH AT CHAPEL TRAIL ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O POINTE MANAGEMENT GROUP, INC.  
1100 SW 10TH STREET SUITE B  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

C/O POINTE MANAGEMENT GROUP, INC.  
1100 SW 10TH STREET SUITE B  
DELRAY BEACH, FL 33444 US

**FEI Number:** 65-0333411

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POINTE MANAGEMENT GROUP, INC.  
1100 SW 10TH STREET  
SUITE B  
DELRAY BEACH, FL 33444 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:** POINTE MANAGEMENT GROUP INC

02/18/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JEFFERSON, HERB  
Address        C/O POINTE MANAGEMENT GROUP,  
                  INC.  
                  1100 SW 10TH STREET SUITE B  
City-State-Zip: DELRAY BEACH FL 33444

Title            VP, TREASURER  
Name            DEL RIO, REBECA  
Address        C/O POINTE MANAGEMENT GROUP,  
                  INC.  
                  1100 SW 10TH STREET SUITE B  
City-State-Zip: DELRAY BEACH FL 33444

Title            SECRETARY  
Name            KINMAN, CRISTINA  
Address        C/O POINTE MANAGEMENT GROUP,  
                  INC.  
                  1100 SW 10TH STREET SUITE B  
City-State-Zip: DELRAY BEACH FL 33444

Title            DIRECTOR  
Name            FRANKLIN, BARBARA  
Address        C/O POINTE MANAGEMENT GROUP,  
                  INC.  
                  1100 SW 10TH STREET SUITE B  
City-State-Zip: DELRAY BEACH FL 33444

Title            DIRECTOR  
Name            RUIZ, CLARA  
Address        C/O POINTE MANAGEMENT GROUP,  
                  INC.  
                  1100 SW 10TH STREET SUITE B  
City-State-Zip: DELRAY BEACH FL 33444

*I hereby 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 all other like empowered.*

**SIGNATURE:** HERB JEFFERSON

**PRESIDENT**

02/18/2019

Electronic Signature of Signing Officer/Director Detail

Date