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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:06

DOCUMENT # 759981 (4)

1. Corporation Name
CHAPEL TRAIL OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9000 SHERIDAN STREET, 130 PEMBROKE PINES FL 33024	9000 SHERIDAN STREET, 130 PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1981
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2524567 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 9000 Sheridan Street	26 9000 Sheridan Street
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite 100
City & State 23 Pembroke Pines, FL	City & State 28 Pembroke Pines, FL
Zip / Country 24 33024 / 25 USA	Zip / Country 29 33024 / 30 USA

9. Name and Address of Current Registered Agent

KOENIG, PAUL
9000 SHERIDAN ST #130
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

31 Name: Robert Tapia c/o Tapia & Associates
32 Street Address (P.O. Box Number is Not Acceptable): 3850 S.W. 87th Avenue, Suite 306
33
34 City: Miami FL 35 Zip Code: 33165

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 2/10/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KOENIG, PAUL	1.2 NAME	Tapia, Robert	
STREET ADDRESS	9000 SHERIDAN ST #130	1.3 STREET ADDRESS	20040 N.W. 5th Street	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	VTD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	CORNFELD, JEFFREY	2.2 NAME	David Kassenoff	
STREET ADDRESS	9000 SHERIDAN ST #130	2.3 STREET ADDRESS	1990 N.W. 188th Avenue	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	VSD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	KOENIG, MICHAEL	3.2 NAME	Adrian Milton	
STREET ADDRESS	9000 SHERIDAN ST #130	3.3 STREET ADDRESS	1942 N.W. 184th Way	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE		4.1 TITLE	TD	☒ Change ☐ Addition
NAME		4.2 NAME	Norma Samokieszyn	
STREET ADDRESS		4.3 STREET ADDRESS	201 N.W. 190th Avenue	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Louis Cannatella	
STREET ADDRESS		5.3 STREET ADDRESS	18445 N.W. 9th Court	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	William Kersbergen	
STREET ADDRESS		6.3 STREET ADDRESS	20281 N.W. 10th Street	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Robert Tapia, Pres. 2/10/95 551-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0003827

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CHAPEL TRAIL OWNERS ASSOCIATION

FEI Number 59-2524567

13. OFFICERS AND DIRECTORS - (cont.)

7.1 TITLE	D	Addition
7.2 NAME	Helena Benitez	
7.3 STREET ADDRESS	430 N.W. 195th Avenue	
7.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	

8.1 TITLE	D	Addition
8.2 NAME	Michael Koenig	
8.3 STREET ADDRESS	9000 Sheridan Street, Suite 130	
8.4 CITY-ST-ZIP	Pembroke Pines, FL 33024	