

FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759981** (4)

1. Corporation Name

CHAPEL TRAIL OWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
9000 SHERIDAN STREET SUITE 100 PEMBROKE PINES FL 33024 US	9000 SHERIDAN STREET SUITE 100 PEMBROKE PINES FL 33024 US

3. Date Incorporated or Qualified

09/11/1981

4. FEI Number

59-2524567

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMMONS, WILLIAM
C/O ZIMMERMAN MANAGEMENT SERVICES, INC
9000 SHERIDAN STREET SUITE 100
PEMBROKE PINES FL 33024

81 Name	Howard J. Zimmerman
82 Street Address (P.O. Box Number is Not Acceptable)	c/o Zimmerman Management Services, Inc.
83	9000 Sheridan St., Suite 100
84 City	Pembroke Pines, FL
85 Zip Code	33024

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

HOWARD J. ZIMMERMAN

2/26/98

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	D	<input checked="" type="checkbox"/> DELETE
NAME	TAPIO, ROBERT	
STREET ADDRESS	20040 NW 5TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REID, DONALD	
STREET ADDRESS	19481 NW 8 ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILTON, ADRIAN	
STREET ADDRESS	1942 NW 184TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIMONE, WILLIAM	
STREET ADDRESS	18815 NW 2 ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CANNATELLA, LOUIS	
STREET ADDRESS	18445 NW 9TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KERSBERGEN, WILLIAM	
STREET ADDRESS	20281 NW 10TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Root, John	
1.3 STREET ADDRESS	1832 NW 184th Terr.	
1.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Shattles, Robert	
2.3 STREET ADDRESS	19368 NW 14th St.	
2.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Spadafino, Donna	
3.3 STREET ADDRESS	18475 NW 21st St.	
3.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gonzalez, Victor	
4.3 STREET ADDRESS	915 NW 201 Avenue	
4.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; that 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:

WILLIAM SIMONE

2/26/98 (954) 431-7111

CP2E037 (10/97)