

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

0333/11

DOCUMENT # N35748

1. Entity Name

CHAPEL TRAIL CORPORATE PARK ASSOCIATION, INC.

04-25-2001 90163 026 ****61.25

Principal Place of Business

Mailing Address

9000 SHERIDAN ST
 SUITE 100
 PEMBROKE PINES FL 33024-8801

9000 SHERIDAN ST
 SUITE 100
 PEMBROKE PINES FL 33024-8801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0170500

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOENIG, PAUL
9000 SHERIDAN ST
PEMBROKE PINES FL 33024

Name **Mark Poffenbarger**

Street Address (P.O. Box Number is Not Acceptable)
c/o Century Management Services, Inc.

9000 Sheridan St. Suite 100

City
Pembroke Pines

FL

Zip Code
33025

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.

SIGNATURE

Mark Poffenbarger, Property Manager

4/19/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	KOENIG, PAUL	9000 SHERIDAN ST #130	PEMBROKE PINES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ALCANTARA, INGRID	9000 SHERIDAN ST #130	PEMBROKE PINES FL 33024	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VSTD	KOENIG, MICHAEL	9000 SHERIDAN ST #130	PEMBROKE PINES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Koenig
Michael Koenig

4/19/01

Date

Daytime Phone #

CR2E037 (10/00)