

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90062 035 ****61.25

DOCUMENT # N35748

1. Entity Name

CHAPEL TRAIL CORPORATE PARK ASSOCIATION, INC.

Principal Place of Business

**9000 SHERIDAN ST
SUITE 100
PEMBROKE PINES FL 33024-8801**

Mailing Address

**9000 SHERIDAN ST
SUITE 100
PEMBROKE PINES FL 33024-8801**

2. Principal Place of Business
12505 Orange Dr.

3. Mailing Address
12505 Orange Dr.

Suite, Apt. #, etc.

#906

Suite, Apt. #, etc.

#906

City & State
Davie, FL

City & State
Davie, FL

4. FEI Number

65-0170500

Applied For

Not Applicable

Zip
33330

Country
Broward

Zip
33330

Country
Broward

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

**POFFENBARGER, MARK
C/O CENTURY MGMT SERVICES, INC
9000 SHERIDAN ST, STE 100
PEMBROKE PINES FL 33025**

Name

Mark Poffenbarger

Street Address (P.O. Box Number is Not Acceptable)

c/o Century Management Services, Inc.,

12505 Orange Dr. Suite #906

City

Davie

FL

Zip Code
33330

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Mark Poffenbarger, Property Manager

2/22/02

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KOENIG, PAUL
9000 SHERIDAN ST #130
PEMBROKE PINES FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALCANTARA, INGRID
9000 SHERIDAN ST #130
PEMBROKE PINES FL 33024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
KOENIG, MICHAEL
9000 SHERIDAN ST #130
PEMBROKE PINES FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED MICHAEL KOENIG

2/25/02 954434-900

Date

Daytime Phone #

CR2E037 (9/01)