


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90066 007 ****61.25

DOCUMENT # N35748 1. Entity Name CHAPEL TRAIL CORPORATE PARK ASSOCIATION, INC.					
Principal Place of Business 12505 ORANGE DR SUITE #906 DAVIE, FL 33330 US			Mailing Address 12505 ORANGE DR SUITE #906 DAVIE, FL 33330 US		
2. Principal Place of Business - No P.O. Box # 12233 SW 55th Street		3. Mailing Address 12233 SW 55th Street			
Suite, Apt. #, etc. Suite 811		Suite, Apt. #, etc. Suite 811			
City & State Cooper City FL		City & State Cooper City, FL			
Zip 33322		Country USA		Zip 33322	
Country USA		4. FEI Number 65-0170500			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent POFFENBARGER, MARK C/O CENTURY MGMT SERVICES, INC 12505 ORANGE DR SUITE #906 DAVIE, FL 33330			7. Name and Address of New Registered Agent Name: Mark Poffenbarger Street Address (P.O. Box Number is Not Acceptable) c/o Century Management Svcs Inc 12233 SW 55th St Suite 811 City: Cooper City FL Zip Code: 33322		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KOENIG, PAUL 21011 JOHNSON STREET STE 101 PEMBROKE PINES, FL 33029		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALCANTARA, INGRID 21011 JOHNSON STREET STE 101 PEMBROKE PINES, FL 33029		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD KOENIG, MICHAEL 21011 JOHNSON STREET STE 101 PEMBROKE PINES, FL 33029		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			3/15/07 904-436-9000		
SIGNATURE: _____			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date			Daytime Phone #		