

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

40041370



2. Principal Place of Business - No P.O. Box #
 12233 SW 55th Street
 Suite, Apt. #, etc.
 Suite 811
 City & State
 Cooper City FL
 Zip
 33322
 Country
 USA

3. Mailing Address
 12233 SW 55th Street
 Suite, Apt. #, etc.
 Suite 811
 City & State
 Cooper City, FL
 Zip
 33322
 Country
 USA

02222007 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0170500

Applied For
 Not Applicable

5. Certificate of Status Desired \$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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/15/07
 Daytime Phone #: 904-436-9000