


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90010 036 ****61.25

DOCUMENT # N39782 1. Entity Name DIMENSIONS AT CHAPEL TRAIL ASSOCIATION, INC.			
Principal Place of Business C/O PHOENIX MANAGEMENT 4780 N. STATE RD. 7 - E-250 LAUDERDALE LAKES, FL 33319 US		Mailing Address C/O BROWARD COMPUTER P.O. BOX 1059 POMPANO BEACH, FL 33061 US	
2. Principal Place of Business Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		3. Mailing Address DCI Ass. Services 2035 Harding Street #200 Suite, Apt. #, etc. _____ City & State Hollywood FL 33020 Zip 33020 Country Broward	
4. FEI Number 65-0242754		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIPP, SCOTT PA ATTN: MATTHEW ZTPHRONY, ESQ 110 SE 6TH ST 15TH FL FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent D.C.I. Association Services Attn: Andrew Meyrowitz 2035 HARDING STREET SUITE 200 City Hollywood FL Zip Code 33020	
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.</small>		DATE 2/23/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee Is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	
NAME	SUTTON, MARILYN		
STREET ADDRESS	20716 NW FIRST ST		
CITY-STATE-ZIP	PEMBROKE PINES, FL 33029		
TITLE	T	<input checked="" type="checkbox"/> Delete	
NAME	CARRASCP, MARCO		
STREET ADDRESS	20783 NW 3RD CT		
CITY-STATE-ZIP	PEMBROKE PINES, FL 33029		
TITLE	D	<input type="checkbox"/> Delete	
NAME	POTTS, CHRISTOPHER		
STREET ADDRESS	20709 NW 1ST ST		
CITY-STATE-ZIP	PEMBROKE PINES, FL 33029		
TITLE	S	<input type="checkbox"/> Delete	
NAME	SOVA, CONNIE		
STREET ADDRESS	20725 N.W. 3 STREET		
CITY-STATE-ZIP	PEMBROKE PINES, FL 33029		
TITLE	VP	<input type="checkbox"/> Delete	
NAME	COCHRAN, CHRIS		
STREET ADDRESS	20741 NW 3RD CT.		
CITY-STATE-ZIP	PEMBROKE PINES, FL 33029		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COCHRAN, CHRIST		
STREET ADDRESS	20741 NW 3RD CT		
CITY-STATE-ZIP	PEMBROKE PINES, FL 33029		
TITLE	TREASURER		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIANE MARCHAND		
STREET ADDRESS	20761 NW 3RD STREET		
CITY-STATE-ZIP	PEMBROKE PINES FL 33029		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 2/22/06 (954) 430-3676 <small>Daytime Phone #</small>	