

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90229 020 \*\*\*\*61.25

<b>DOCUMENT # N39782</b> 1. Entity Name DIMENSIONS AT CHAPEL TRAIL ASSOCIATION, INC.					
Principal Place of Business 208 NW 4 STREET PEMBROKE PINES, FL 33029 US			Mailing Address DCI ASS. SERVICES 2035 HARDING SLEET #200 HOLLYWOOD, FL 33020 US		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address Association Services of Fla. Suite, Apt. #, etc. 10112 USA Today Way City & State Miramar, Florida Zip 33025 Country USA			
City & State Zip		City & State Zip		4. FEI Number 65-0242754 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01092008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  DCI ASSOCIATION SERVICES ATTN: ANDREW MEVROWITZ 2035 HARDING ST., SUITE 200 HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name <u>BARBARA HERNDON, PRESIDENT</u> Street Address (P.O. Box Number is Not Acceptable) <u>ASSOCIATION SERVICES OF FLORIDA</u> <u>10112 USA Today Way</u> City <u>MIRAMAR</u> FL <u>33025</u>		
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)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUTTON, MARILYN 20716 NW FIRST ST PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PATRICK L. BURDEN 180 NW 20TH WAY PEMBROKE PINES FL. 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARTNESS, DAN 130 NW 207 WAY PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR STEVEN STOCKETT 255 NW 20TH TERR. PEMBROKE PINES FL. 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTS, CHRISTOPHER 20709 NW 1ST ST PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR COCHRAN, CHRIS 20741 NW 3RD CT PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOVA, CONNIE 20725 N.W. 3 STREET PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COCHRAN, CHRIS 20741 NW 3RD CT. PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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.					
<b>SIGNATURE:</b> <u>Connie Sova, Secretary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/30/08</u> <small>Date</small>		<u>(954)438-3751</u> <small>Daytime Phone #</small>