

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N46275

1. Entity Name

AMERITRAIL SECTION ONE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**PO BOX 822451
SOUTH FL FL 33082
US**

Mailing Address

**PO BOX 822451
SOUTH FL FL 33082
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0416186

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WARING, NANCY D
18826 NW 1ST STREET
PEMBROKE PINES FL 33029**

Name

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

City

FL

Zip Code

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 re-electing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 **TD** ☐ Delete
NAME **WARING, NANCY**
STREET ADDRESS **18826 NW 1ST ST**
CITY-STATE-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP **1100001456491
03/16/06 80031-010 61.25**

TITLE **PDS** ☐ Delete
NAME **SOLLOA, ESTHER**
STREET ADDRESS **321 NW 189 TERR**
CITY-STATE-ZIP **PEMBROKE PINES FL**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **VD** ☐ Delete
NAME **ROBANYA, ROBERT**
STREET ADDRESS **231 NW 190 AVENUE**
CITY-STATE-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☐ Delete
NAME **DANIELS, LEROY**
STREET ADDRESS **18725 NW 1 STREET**
CITY-STATE-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.