

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 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**



01222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0416186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	WARING, NANCY
STREET ADDRESS	18826 NW 1ST ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33029

TITLE	PDS
NAME	SOLLOA, ESTHER
STREET ADDRESS	321 NW 189 TERR
CITY-ST-ZIP	PEMBROKE PINES, FL

TITLE	VD
NAME	ROBANYA, ROBERT
STREET ADDRESS	231 NW 190 AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029

TITLE	D
NAME	DANIELS, LEROY
STREET ADDRESS	18725 NW 1 STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33029

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000601744
01/26/07-80061-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Nancy D. Waring **NANCY D. WARING**

1/22/07

954-433-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #