

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90018 008 ****61.25

0017431

DOCUMENT # N48739

1. Entity Name

DIMENSIONS NORTH AT CHAPEL TRAIL ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

9000 SHERIDAN STREET
STE 100
PEMBROKE PINES FL 33024
US

9000 SHERIDAN ST.
STE 100
PEMBROKE PINES FL 33024
US

2. Principal Place of Business
12505 Orange Drive

3. Mailing Address
12505 Orange Drive

Suite, Apt. #, etc.
Suite 906

Suite, Apt. #, etc.
Suite 906

City & State
Davie, FL

City & State
Davie, FL

Zip
33330

Country
Broward

Zip
33330

Country
Broward

4. FEI Number
65-0333411

Applied For
Not Applicable

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

POFFENBARGER, MARK
C/O CENTURY MGMT SVCS, INC.
9000 SHERIDAN ST., STE 100
PEMBROKE PINES FL 33024

Name Mark Poffenbarger
Street Address (P.O. Box Number is Not Acceptable)
c/o Century Management Services, Inc.
12505 Orange Drive Suite 906
City Davie FL Zip Code 33330

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.

SIGNATURE

Mark Poffenbarger, Property Manager

2/21/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD
NAME RABIN, JUNE
STREET ADDRESS 1842 NW 184 TERR
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME DONNA SPADAFINO
STREET ADDRESS 18475 NW 21ST STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME OXENER, KELLY
STREET ADDRESS 1932 NW 184 WAY
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME FOSTER, PATRICIA
STREET ADDRESS 18423 NW 20 ST
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME JEFFERSON, HERBERT
STREET ADDRESS 18577 NW 19 ST
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Donna Spadafino
DONNA SPADAFINO

2/21/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)