

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48739

FILED
Mar 28, 2009
Secretary of State

Entity Name: DIMENSIONS NORTH AT CHAPEL TRAIL ASSOCIATION, INC.

Current Principal Place of Business:

CENTURY MANAGEMENT SERVICES, INC
1495 NORTH PARK DRIVE
WESTON, FL 33326 US

New Principal Place of Business:

C/O CENTURY MANAGEMENT SERVICES, INC
1495 NORTH PARK DRIVE
WESTON, FL 33326 US

Current Mailing Address:

CENTURY MANAGEMENT SERVICES, INC
1495 NORTH PARK DRIVE
WESTON, FL 33326 US

New Mailing Address:

C/O CENTURY MANAGEMENT SERVICES, INC
1495 NORTH PARK DRIVE
WESTON, FL 33326 US

FEI Number: 65-0333411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POFFENBARGER, MARK
CENTURY MANAGEMENT SERVICES
1495 NORTH PARK DRIVE
FORT LAUDERDALE, FL 33326 US

Name and Address of New Registered Agent:

BACHE, L
9000 SHERIDAN STREET
174
PEMBROKE PINES, FL 33024 US

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: L. BACHE

03/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: CABRAL, TIM
Address: 18530 NW 22ND STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: PD () Delete
Name: DONNA SPADAFINO
Address: 18475 NW 21ST STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: LUQUE, MARIO A
Address: 18481 NW 21 ST
City-St-Zip: HOLLYWOOD, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: CABRAL, TIM
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: PD (X) Change () Addition
Name: DONNA SPADAFINO
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: D (X) Change () Addition
Name: LUQUE, MARIO A
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK POFFENBARGER

AGEN

03/28/2009

Electronic Signature of Signing Officer or Director

Date