


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90055 031 ****61.25

DOCUMENT # N49435 1. Entity Name WEITZER CHAPEL TRAIL HOMES HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 12505 ORANGE DRIVE SUITE #906 DAVIE, FL 33330 US		Mailing Address 12505 ORANGE DRIVE SUITE #906 DAVIE, FL 33330 US	
2. Principal Place of Business - No P.O. Box # 12233 SW 55th St. Suite, Apt. #, etc. Suite 811 City & State Cooper City FL Zip 33330 Country USA		3. Mailing Address 12233 SW 55th St. Suite, Apt. #, etc. Suite 811 City & State Cooper City FL Zip 33330 Country USA	
		02222007 Chg-NP CR2E037 (12/06)	
		4. FEI Number 65-0341338	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POFFENBARGER, MARK C/O CENTURY MANAGEMENT SERVICES INC 12505 ORANGE DRIVE SUITE 906 DAVIE, FL 33330		7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) Same 12233 SW 55th Street, Suite 811 City Cooper City 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. 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) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	D ADLER, EDWIN	<input type="checkbox"/> Delete	
STREET ADDRESS	19467 NW 13 STREET		
CITY-STATE-ZIP	PEMBROKE PINES, FL 33029		
TITLE	TD RIVEIRA, GUSTAVO	<input type="checkbox"/> Delete	
STREET ADDRESS	19403 N.W. 11TH STREET		
CITY-STATE-ZIP	PEMBROKE PINES, FL 33029		
TITLE	PD GOLDBERGER, ROBERT	<input type="checkbox"/> Delete	
STREET ADDRESS	19343 NW 11TH ST		
CITY-STATE-ZIP	PEMBROKE PINES, FL 33029		
TITLE	D STUEBER, DANIEL	<input type="checkbox"/> Delete	
STREET ADDRESS	19333 NW 11TH STREET		
CITY-STATE-ZIP	PEMBROKE PINES, FL 33029		
TITLE		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-STATE-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	Director Steven Rotolo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	1121 NW 10th Ave		
CITY-STATE-ZIP	Pembroke Pines FL 33309		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-STATE-ZIP			
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: <u>Robert D. Adler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/1/07 954 438-8370 <small>Date Daytime Phone #</small>	

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