FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000000478 (8)**

1. Corporation Name

PRESERVE ESTATES AT CHAPEL TRAIL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
21000 N.E. 28TH AVE. SUITE 207 NORTH MIAMI BEACH FL 33180	P.O. BOX 821825 SOUTH FLORIDA FL 33082-1825

3. Date Incorporated or Qualified: **02/03/1993**
3a. Date of Last Report: **08/11/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **65-0388400** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

KAHANE, STEPHEN
19905 NW 10TH STREET
PEMBROKE PINES FL 33029

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE (Signature, type or print name of officer authorized to sign this application) (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	TANNOTTI, BRUCE	
STREET ADDRESS	960 NW 197TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VPD	☐ DELETE
NAME	KAHANE, STEPHEN	
STREET ADDRESS	19905 NW 10TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VPD	☒ DELETE
NAME	CARDELLA, KENDRA	
STREET ADDRESS	19730 NW 9TH DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	☒ Change	☐ Addition
12 NAME	YANNOTTI, BRUCE		
13 STREET ADDRESS	960 NW 197TH AVE.		
14 CITY-ST-ZIP	PEMBROKE PINES, FL 33029		
21 TITLE		☐ Change	☐ Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE	VPD	☐ Change	☒ Addition
32 NAME	RIFKIN, DONALD		
33 STREET ADDRESS	940 NW 197TH AVE.		
34 CITY-ST-ZIP	PEMBROKE PINES, FL 33029		
41 TITLE		☐ Change	☐ Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		☐ Change	☐ Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		☐ Change	☐ Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce Yannotti BRUCE YANNOTTI 1/19/96 (954) 431-5530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)