

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000000478

1. Entity Name

**PRESERVE ESTATES AT CHAPEL TRAIL HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**P.O. BOX 821825
PEMBROKE PINES FL 33082**

Mailing Address

**P.O. BOX 821825
SOUTH FLORIDA FL 33082-1825**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0388400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FERIA, BRENDA
940 NW 197 TERR
PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 completing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **FERIA, BRENDA**
STREET ADDRESS **940 NW 197 TERR**
CITY- ST- ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete

NAME **VANNOTTI, BRUCE**
STREET ADDRESS **960 NW 197 AVENUE**
CITY- ST- ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete

NAME **KAPLAN, DON**
STREET ADDRESS **19825 NW 10 STREET**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP **02/24/06-80055-016 61.25**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Brenda Feria / Brenda Feria** 2-12-06 954 4501660