

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90002 013 ****61.25

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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State	City & State
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	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 with reinstatement) **DATE** _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	TD ☐ Delete
NAME	FERIA, BRENDA
STREET ADDRESS	940 NW 197 TERR
CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	PD ☒ Delete
NAME	BARRETO, JACQUELINE
STREET ADDRESS	920 NW 197TH TERR.
CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	VRD ☒ 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	
TITLE	☐ Change ☒ Addition
NAME	PD Daniel Mondesir
STREET ADDRESS	19915 NW 10 Street
CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	☐ Change ☒ Addition
NAME	VP D Neil Charley
STREET ADDRESS	940 NW 197 Avenue
CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 2/16/08 954 4501660