2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N93000000478

Entity Name: PRESERVE ESTATES AT CHAPEL TRAIL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 821825
PEMBROKE PINES, FL 33082

New Principal Place of Business:

940 N.W. 197TH TERRACE
C/O BRENDA FERIA
PEMBROKE PINES, FL 33029

Current Mailing Address:

P.O. BOX 821825
SOUTH FLORIDA, FL 330821825

New Mailing Address:

P.O. BOX 821825
SOUTH FLORIDA, FL 33082

FEI Number: 65-0388400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: FERIA, BRENDA
Address: 940 NW 197 TERR
City-St-Zip: PEMBROKE PINES, FL 33029

Title: PD ( ) Delete
Name: MONDESIR, DANIEL
Address: 19915 NW 10 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPD ( ) Delete
Name: CHARLEY, NELL
Address: 940 NE 197 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: DAVIS, RICHARD
Address: 19935 N.W. 10TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

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: BRENDA FERIA TD 04/30/2009

Electronic Signature of Signing Officer or Director — Date