## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # N94000001042

1. Entity Name

## **FILED** Apr 27, 2006 8:00 am Secretary of State 04-27-2006 90181 037 \*\*\*\*61.25

TAPESTI	RY AT CHA	APEL TRAIL ASS	OCIATION, IN	C.						
Principal Place of Business 2080 NW 191 AVENUE PEMBROKE PINES, FL 33029		Mailing Address P.O. BOX 822431 PEMBROKE PINES, FL 33082			40	066188				
2. Principal F	Place of Busine	ess	3. Mailing Addres	SS	<del>-</del>					
<u>90 Centi</u>	<u>uryMar</u>	12233	<u>SW 5</u>	5th St		å: 8:0 :8:11 G1G11 BB111 BB11	1 98111 88111 BRIBI	(	811E) El 1861	
Suite, Apt.	i. #, ei€.	•	Suits Ant.#.	العُ		0331200	06 Chg-NP	CR2E	037 (11/05)	
City & State			Cooper Oty, FL				4. FEI Number Applied Fo 65-0499377 Not Applie.			
Zip		Country	3333	) Ü	SA	5. Certific	cate of Status Desire	ed 🗍	\$8.75 Ad Fee Require	
	6. Name a	Registered Agent			7. Name	and Address of Ne	w Registered	d Agent		
MIRABAL, 2080 NW	, JORGE 191 AVENU	JE			Name Street Add	dress (P.O. Box Nu	ımber is Not Accept	able)	·	<del></del>
PEMBRO	KE PINES, I	FL 33029								
					City	<u></u>	. <u></u>	F	Zip Coo	de
8. The above	e named entity	submits this statement fo	r the purpose of cha	nging its registe	red office or r	registered agent, or	r both, in the State of			, and accept
the obligat	itions of registe	red agent.								
SIGNATURE						-				
SIGNATURE		r printed name of registered agent	and title if applicable.	(NOTE: Register	ed Agent signature	e required when reinstating	9)	DATE		<del></del>
SIGNATURE	Signature, typed or	r printed name of registered agent  Is \$61.25 ay 1, 2006	9. Elec	(NOTE: Register ction Campaign st Fund Contribu	Financing	_ \$5.00 ма	ау Ве	Make che	ck payable artment of \$	
SIGNATURE	Filling Fee Due by Ma	is \$61.25	9. Elec Trus	ction Campaign	Financing Ition. C	\$5.00 Ma Added to F	ау Ве	Make che Florida Dep	ck payable artment of \$	N 10
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10.	Filing Fee Due by Ma	o is \$61.25 ay 1, 2006 OFFICERS AND DIF	9. Elec Trus	ction Campaign st Fund Contribu  11 lete IIII	Financing Ition.	\$5.00 M. Added to FI ADDITIONS/POZZIC PCP	ay Be ees //CHANGES TO OFF	Make che Florida Depa HCERS AND I	ck payable artment of \$	N 10
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee Due by Ma P MORA, JOS 19239 NW PEMBROK	OFFICERS AND DIF SEPH 22 ST E PINES, FL 33029	9. Elec Trus	ction Campaign st Fund Contribu  11 lete III NAI STF CIT	Financing Ition. C.  LE ME HEET ADDRESS Y-ST-ZIP LE	\$5.00 M. Added to F. ADDITIONS/PDZZIC PCP 2168 NW Pembroke	ay Be ees I	Make che Florida Depa HCERS AND I	ck payable artment of \$	N 10
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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: **/** 

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR