


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90181 037 ****61.25

DOCUMENT # N94000001042	
1. Entity Name TAPESTRY AT CHAPEL TRAIL ASSOCIATION, INC.	

Principal Place of Business 2080 NW 191 AVENUE PEMBROKE PINES, FL 33029	Mailing Address P.O. BOX 822431 PEMBROKE PINES, FL 33082
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2. Principal Place of Business 90 Century Management Svcs	3. Mailing Address 12233 SW 55th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Cooper City, FL	City & State Cooper City, FL
Zip 33330	Country USA

40066188



03312006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0499377	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MIRABAL, JORGE 2080 NW 191 AVENUE 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MORA, JOSEPH		NAME Ozzie Perez	
STREET ADDRESS 19239 NW 22 ST		STREET ADDRESS 2168 NW 193rd Ave	
CITY-ST-ZIP PEMBROKE PINES, FL 33029		CITY-ST-ZIP Pembroke Pines, FL 33330	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FERNANDEZ, KAYLETTE		NAME Warren Myers	
STREET ADDRESS 2055 NW 193		STREET ADDRESS 2100 NW 191st Ave	
CITY-ST-ZIP PEMBROKE PINES, FL 33029		CITY-ST-ZIP Pembroke Pines, FL 33330	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PERSAN, JUDITH		NAME Jorge Mirabal	
STREET ADDRESS 19200 NW 19 STREET		STREET ADDRESS 2080 NW 191st Ave	
CITY-ST-ZIP PEMBROKE PINES, FL 33029		CITY-ST-ZIP Pembroke Pines, FL 33330	
TITLE T	<input checked="" type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FINNESAN, KIRK		NAME Kimberly Fernandez	
STREET ADDRESS 19200 NW 19 STREET		STREET ADDRESS 19179 NW 22nd St	
CITY-ST-ZIP PEMBROKE PINES, FL 33029		CITY-ST-ZIP Pembroke Pines, FL 33330	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, JIM		NAME	
STREET ADDRESS 1995 NW 193 AVENUE		STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES, FL 33029		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **0479-06 305934-4340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #