2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2009
Secretary of State

DOCUMENT# N94000001042

Entity Name: TAPESTRY AT CHAPEL TRAIL ASSOCIATION, INC.

Current Principal Place of Business:

2080 NW 191 AVENUE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

C/OTMS
P.O. BOX 822431
PEMBROKE PINES, FL 33082

New Mailing Address:

FEI Number: 65-0499377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIRABAL, JORGE
2080 NW 191 AVENUE
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: P ( ) Delete
Name: PEREZ, OZZIE
Address: 2168 NW 193RD AVE
City-St-Zip: PEMBROKE PINES, FL 33330

Title: VP ( ) Delete
Name: TORRES, PABLO
Address: 2095 NW 191 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T ( ) Delete
Name: STOESS, JASON
Address: 2148 NW 191 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S ( ) Delete
Name: DURICK, CHARLENE
Address: 2077 NW 191 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete
Name: SMITH, JIM
Address: 1995 NW 193 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PEREZ, OZZIE
Address: 2168 NW 193RD AVE
City-St-Zip: PEMBROKE PINES, FL 33029

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

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

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

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

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: CHARLENE DURICK S 02/28/2009

Electronic Signature of Signing Officer or Director — Date