2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000202

FILED Mar 13, 2009 Secretary of State

Entity Name: CONTINENTAL HOMES AT CHAPEL TRAIL HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

11784 W SAMPLE RD 11784 W SAMPLE RD

CORAL SPRINGS, FL 33065 #103

CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

11784 W SAMPLE RD 11784 W SAMPLE RD

CORAL SPRINGS, FL 33065 #103

CORAL SPRINGS, FL 33065

FEI Number: 65-0721654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

UNITED COMMUNITY MGMT
11784 WEST SAMPLE ROAD
UNITED COMMUNITY MGMT
11784 WEST SAMPLE ROAD

CORAL SPRINGS, FL 33065 US #103 CORAL SPRINGS, FL 33065 US

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: RENEE CAMPBELL 03/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ()Delete Title: ()Change ()Addition

 Name:
 RIGGLE, WAYNE
 Name:

 Address:
 1448 NW 208 WAY
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL
 City-St-Zip:

 Name:
 SILVE, GEORGE
 Name:
 WAGNER, LEYDA

 Address:
 20868 NW 22ND ST
 Address:
 20851 NW 22 COURT

City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: PEMBROKE PINE, FL 33029

Title: SD () Delete Title: () Change () Addition

 Name:
 KING, GERTRUDE
 Name:

 Address:
 1913 NW 208TH TERRACE
 Address:

 City-St-Zip:
 PEMBROKE PINEWS, FL 33029
 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: MARY LOU PALMER AGT 03/13/2009