

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

'95 MAR 15 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02187** (5)

1. Corporation Name
CHAPEL CREEK AT BOCA WEST PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
% LANG MANAGEMENT CO., INC.
5295 TOWN CENTER RD., SUITE 200
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/26/1984** 3a. Date of Last Report **04/14/1994**
4. FEI Number **59-2465623** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LANG MANAGEMENT COMPANY, INC.
5295 TOWN CENTER RD. #200
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME EMAS, STANLEY
STREET ADDRESS 19354 CHAPEL CREEK DR.
CITY-ST-ZIP BOCA RATON FL
TITLE VPD
NAME BERNARD, EMILE N.
STREET ADDRESS 19426 CHAPEL CREEK DR.
CITY-ST-ZIP BOCA RATON FL
TITLE ~~B~~
NAME ~~SOHEN, JAY~~
STREET ADDRESS ~~19322 CHAPEL CREEK DR.~~
CITY-ST-ZIP ~~BOCA RATON FL~~
TITLE D
NAME GARSON, LOIS
STREET ADDRESS 19403 CHAPEL CREEK DR.
CITY-ST-ZIP BOCA RATON FL
TITLE TD
NAME CHEPOVSKY, DONALD
STREET ADDRESS 19402 CHAPEL CREEK DR.
CITY-ST-ZIP BOCA RATON FL
TITLE D
NAME FREEMAN, GERALD
STREET ADDRESS 19199 CHAPEL CREEK DR.
CITY-ST-ZIP BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Laura Lichtenberg
19366 Chapel Creek Dr
Boca Raton FL 33434

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE: *Stanley Mas, Pres.* 2/24/95 407-488-2224
DATE DAYTIME PHONE #

D

Mildred Klein

19211 Chapel Creek Dr.

Boca Raton, Fl 33434