FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



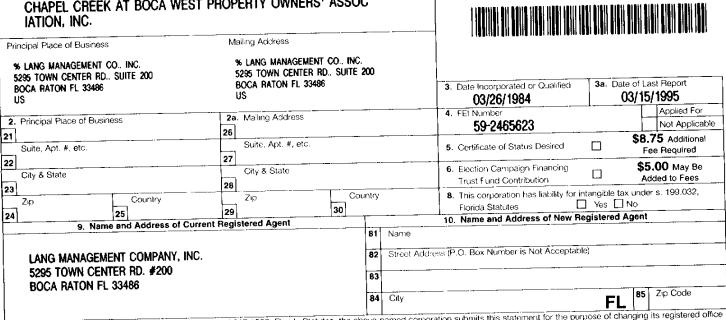
FLORIDA DEPARTMENT OF STATE Sanora B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # (5)N02187

CHAPEL CREEK AT BOCA WEST PROPERTY OWNERS' ASSOC IATION, INC.



11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

Signature, typed or pricted nair c of registered agent and billed agreement. INOT OFFICERS AND DIRECTORS			13.	ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition		
TILF	PD	DELETE	S.1 TILLE		ia ige	
IAM f	EMAS, STANLEY		1.2 NAME	Bagley, Milton Creak DR.		
TREE1 ADDRESS	19354 CHAPEL CREEK DR.		1.3 STREET ADDRESS	19319 Chapel Creak DR. Born Raton Fl 33434		
OTY - ST - ZIP	BOCA RATON FL		1.4 CHY-ST-ZIP		hange 🙀 Addition	
ITLE	VPD	DELETE	2.1 TrTLE	 	mange 12 results	
IAME	BERNARD, EMILE N.		2 2 NAME	Gabay, Joseph		
TREET ADDRESS	19426 CHAPEL CREEK DR.		2 3 STREET ADDRESS	19223 Chapel Creek DR	> u	
DITY-ST-ZIP	BOCA RATON FL		2 4 C-TY-S1-Z-P	Boca Katom F1 339	hange Addition	
TITLE	P	DEFETE	3.1 TITLE	Andread		
iAMÉ	GARSON, LOIS		3 2 NAME	Klein, Mildred Creak DR		
STREET ADDRESS	19403 CHAPEL CREEK DR.		3.3 STREET ADDRESS	19011 Charet Creation Fl 334	34	
CITY - ST - ZIP	BOCA RATON FL		3.4 C(TY+ST-7)P		change X Additio	
TITLE	TD	☐ DELETE	4 1 TITLE	Lichtenberg, Laura 19366 Chapel Creak DR		
NAME	CHEPOVSKY, DONALD		4. 2 NAME	Lichtenberg, Creak De	•	
STREET ADDRESS	19402 CHAPEL CREEK DR.		4.3 STREET ADDRESS	Baca Katan Fl 3343	Ū	
CITY - ST - ZIP	BOCA RATON FL	Fig. szc	4.4 CITY - S1 - ZIP		Change Additio	
TITLE	D	DELETE	51 TITLE	_		
NAME	FREEMAN, GERALD		5 2 NAME			
STREET ADDRESS	19199 CHAPEL CREEK DR.		5 3 STREET ADDRESS			
CITY-ST-ZIP	BOÇA RATON FL	Doctor	5 4 CHY-ST-ZIP		Change	
TITLE		DELETE	6 1 TITLE	_		
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY - ST - ZIP			6 4 CITY - ST - ZIP	alify for the exemption stated in Section 119.07(3)(k), Florid	a Statutes. I further	

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 furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes: I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes: I furnished under 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 output that I am an officer or director of the corporation or the receiver or frustee 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 over an attachment with an address. 14 I do hereby certify that the information

SIGNATURE:

SISNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR