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**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90114 035 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N02187

1. Corporation Name

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

Principal Place of Business

% LANG MANAGEMENT CO., INC.  
 5295 TOWN CENTER RD., SUITE 200  
 BOCA RATON FL 33486  
 US

Mailing Address

% LANG MANAGEMENT CO., INC.  
 5295 TOWN CENTER RD., SUITE 200  
 BOCA RATON FL 33486  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/26/1984

4. FEI Number

59-2465623

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EMAS, STANLEY	
STREET ADDRESS	19354 CHAPEL CREEK DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GABAY, JOSEPH	
STREET ADDRESS	19223 CHAPEL CREEK DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SIEGEL, STEPHEN	
STREET ADDRESS	19386 CHAPEL CREEK DR	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LICHTENBERG, LAURA	
STREET ADDRESS	19366 CHAPEL CREEK DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KART, HAROLD	
STREET ADDRESS	19414 CHAPEL CREEK DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAGLEY, MILTON	
STREET ADDRESS	19319 CHAPEL CREEK DRIVE	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Block, Petra
1.3 STREET ADDRESS	19367 Chapel Creek DR
1.4 CITY-ST-ZIP	Boca Raton FL 33434
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Silverman, Marvin
2.3 STREET ADDRESS	19260 Chapel Creek DR
2.4 CITY-ST-ZIP	Boca Raton FL 33434
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sec Dir Siegel, Stephen
3.3 STREET ADDRESS	19386 Chapel Creek DR
3.4 CITY-ST-ZIP	Boca Raton FL 33434
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T/D Lichtenberg, Laura
4.3 STREET ADDRESS	19366 Chapel Creek DR
4.4 CITY-ST-ZIP	Boca Raton FL 33434
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VPID Kart, Harold
5.3 STREET ADDRESS	19414 Chapel Creek DR
5.4 CITY-ST-ZIP	Boca Raton FL 33434
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

STANLEY EMAS P/29/99 561-488-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)