

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90320 042 *****70.00

DOCUMENT # N02187

1. Entity Name

CHAPEL CREEK AT BOCA WEST PROPERTY OWNERS' ASSOC

Principal Place of Business

Mailing Address

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

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

C0031001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

21045 COMMERCIAL TRAIL
 Suite, Apt. #, etc.

21045 COMMERCIAL TRAIL
 Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

4. FEI Number

59-2465623

Applied For
 Not Applicable

Zip

Country

Zip

Country

33486

PALM BEACH

33484

PALM BEACH

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANG MANAGEMENT COMPANY, INC.
~~5295 TOWN CENTER RD. #200~~
~~BOCA RATON FL 33486~~
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **SILVERMAN, MARVIN**
 STREET ADDRESS **19260 CHAPEL CREEK DR.**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **D** Change Addition
 NAME **STAN EMAS**
 STREET ADDRESS **19354 Chapel Creek Dr**
 CITY-ST-ZIP **Boca Raton FL 33434**

TITLE **D** Delete
 NAME **GABAY, JOSEPH**
 STREET ADDRESS **19223 CHAPEL CREEK DRIVE**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** Change Addition
 NAME **Allen Jacobson**
 STREET ADDRESS **19402 Chapel Creek Dr**
 CITY-ST-ZIP **Boca Raton FL 33434**

TITLE **SD** Delete
 NAME **SIEGEL, STEPHEN**
 STREET ADDRESS **19386 CHAPEL CREEK DR**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **VPID** Change Addition
 NAME **Stephen Siegel**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPID** Delete
 NAME **KART, HAROLD**
 STREET ADDRESS **19414 CHAPEL CREEK DR**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **P/D** Change Addition
 NAME **HAROLD KART**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BAGLEY, MILTON**
 STREET ADDRESS **19319 CHAPEL CREEK DRIVE**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **STD** Change Addition
 NAME **Milton Bagley**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *2/27/01*

Daytime Phone # *(561) 4828450*

CREE037 (10/00)