

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

APPROVED  
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95 APR 29 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N28772 (4)**

1. Corporation Name  
**CHAPEL HILL HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**951 BROKEN SOUND PKWY. STE. 250 BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/10/1988** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0104893** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **THE CONTINENTAL GRP** 26 **1067 SHOTGUN RD.**  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 **SUNRISE, FL** 28 **SUNRISE, FL**  
24 **33326** 25 Country 29 **33326** 30 Country

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  
**COMMUNITY ASSOCIATION SERVICES  
951 BROKEN SOUND PKWY.  
STE. 250  
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent  
81 Name **LOUISE E. TUDZAROV**  
82 Street Address (P.O. Box Number is Not Acceptable) **345 W. Oakland Park Blvd**  
83  
84 City **Fort Lauderdale** 85 Zip Code **FL 33311**

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 *[Signature]* DATE **4/8/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>LINDA GRANGER</b>
STREET ADDRESS	<b>2952 MYRTLE OAK CIRCLE</b>
CITY - ST - ZIP	<b>DAVE FL 33328</b>
TITLE	<b>VPD</b>
NAME	<b>MARCIA GOSHERN</b>
STREET ADDRESS	<b>8820 WOODSIDE COURT</b>
CITY - ST - ZIP	<b>DAVE FL 33328</b>
TITLE	<b>SD</b>
NAME	<b>LEE BISBANO</b>
STREET ADDRESS	<b>2948 TALL OAK CT.</b>
CITY - ST - ZIP	<b>DAVE FL 33328</b>
TITLE	<b>TD</b>
NAME	<b>MARGARET HURLEY</b>
STREET ADDRESS	<b>2907 QUAIL RUN LANE</b>
CITY - ST - ZIP	<b>DAVE FL 33328</b>
TITLE	<b>VTD</b>
NAME	<b>SUSAN GRAHAM</b>
STREET ADDRESS	<b>2988 MYRTLE OAK CIRCLE</b>
CITY - ST - ZIP	<b>DAVE FL 33328</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VP PAUL TURNER</b>
2.3 STREET ADDRESS	<b>8804 IVY COURT</b>
2.4 CITY - ST - ZIP	<b>DAVE, FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ASSITANT TREASURER</b>
5.3 STREET ADDRESS	<b>RALPH COVERT</b>
5.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_