

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: C/O THE CONTINENTAL GRP, STE. 250, SUNRISE FL 33326, US
Mailing Address: 1067 SHOTGUN ROAD, SUNRISE FL 33326, US

3. Date Incorporated or Qualified: **10/10/1988**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields for Suite, Apt. #, etc. and City & State.

4. FEI Number: **65-0104893**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent (24-30)

10. Name and Address of New Registered Agent (81-85)

TUDZAROV, LOUISE E.
345 W. OAKLAND PARK BLVD
~~STE. 250~~
FT. LAUDERDALE FL 33311

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: *Louise E. Tudzarov* (NOTE: Registered Agent signature required when reinstating)
DATE: **4/1/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RD. D <input type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA GRANGER.	1.2 NAME	DAVID MILLER
STREET ADDRESS	2952 MYRTLE OAK CIRCLE	1.3 STREET ADDRESS	2913 MYRTLE OAK CIRCLE
CITY-ST-ZIP	DAVIE FL 33328	1.4 CITY-ST-ZIP	DAVIE, FL. 33328 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP- D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	TURNER, PAUL	2.2 NAME	
STREET ADDRESS	8804 IVY COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	
TITLE	RD D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	LEE BISBANO	3.2 NAME	
STREET ADDRESS	2948 TALL OAK CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	3.4 CITY-ST-ZIP	
TITLE	RD ASD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MARGARET HURLEY,	4.2 NAME	
STREET ADDRESS	2907 QUAIL RUN LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	4.4 CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	COVERT, RALPH	5.2 NAME	
STREET ADDRESS	2988 MYRTLE OAK CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	100001786591 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-04/19/96--01010--034
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		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 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 on an attachment with an address.

SIGNATURE: *Linda L. Granger, Pres.* Date: **2/23/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: **564-18-96**

CR2E037 (12/95)