FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE **Katherine Harris**

FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90160 021 ****61.25

3. Date incorporated or Qualifed

10/10/1988

65-0104893

FEI Number

DOCUMENT # N28772

1. Corporation Name

CHAPEL HILL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

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27

;/O THE CONTINENTAL GRP ITE. 250 IUNRISE FL 33326 IS	1067 SHOTGUN HOAD SUNRISE FL 33326 US	

23	City & State	28	City & State		÷	5. Certifcate of Status Desired		\$8.75 Additional Fee Required	
24	Zip C	ountry 29	Zip 30	Country		Election Campaign Financin Trust Fund Contribution	g	\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
TUDZAROV, LOUISE E.				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)					
STE. 250 FT. LAUDERDALE FL 33311				83					
				84		,	F	85 Zip Code	
11	Pursuant to the provisions of	Sections 617.0502 and 6	17.1508, Florida Statutes, tl	he abov	a-named corp	poration submits this statement for the	ne 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		•			DATE	`
	Signature, typed or printed name of registered agent and title if applicable		gistered Agent signature re-	ADDITIONS/CHANGES TO O		PS IN 12
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO U		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change	★ Addition
NAME	LINDA GRANGER .		1.2 NAME	Jeff D'Amico	•	
STREET ADDRESS	2952 MYRTLE OAK CIRCLE		1.3 STREET ADDRESS	8863 Ivy Court		
CITY-ST-ZIP	DAVIE FL 33328		1.4 CITY-ST-ZiP	Davie, FL 33328		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	TURNER, PAUL		2.2 NAMÉ		•	
STREET ADDRESS	88041 IVY COURT		2.3 STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE	3.1 TITLE		Change	Addition
NAME	LEE BISBANO		3.2 NAME			
STREET ADDRESS	2948 TALL OAK CT.		3.3 STREET ADDRESS			٠.
CITY-ST-ZIP	DAVIE FL 33328		3.4. CITY-ST-ZIP	<u> </u>	*	
TITLE	T	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME	MARGARET HURLEY,		4.2 NAME		•	
STREET ADDRESS	2907 QUAIL RUN LANE		4.3 STREET ADDRESS			İ
CITY-ST-ZIP	DAVIE FL 33328		4.4 CITY-ST-ZIP			
TITLE	D	X DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME	DEANGELIS, KEN		5.2 NAME			
STREET ADDRESS	2957 QUAIL RUN LANE		5.3 STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33328		5.4 CITY-ST-ZIP	····		<u>·</u>
TITLE		☐ DELETE	6.1 TITLE		. Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			•
			SACITY-ST-71D			

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 chapted, or on an attachment with an address, with all other like empowered.

Applied For

Not Applicable