

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90016 011 ****61.25

DOCUMENT # N28772

1. Entity Name

CHAPEL HILL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O THE CONTINENTAL GRP
 STE. 250
 SUNRISE FL 33326
 US

1067 SHOTGUN ROAD
 SUNRISE FL 33326-1906
 US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0104893

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

Luise E. Tudzarov

3/15/00

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	PD	<input type="checkbox"/> Delete
NAME	LINDA GRANGER	
STREET ADDRESS	2952 MYRTLE OAK CIRCLE	
CITY-ST-ZIP	DAVE FL 33328	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TURNER, PAUL	
STREET ADDRESS	88041 IVY COURT	
CITY-ST-ZIP	DAVE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEE BISBANO	
STREET ADDRESS	2948 TALL OAK CT.	
CITY-ST-ZIP	DAVE FL 33328	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARGARET HURLEY,	
STREET ADDRESS	2907 QUAIL RUN LANE	
CITY-ST-ZIP	DAVE FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	D'AMICO, JEFF	
STREET ADDRESS	8863 IVY CT.	
CITY-ST-ZIP	DAVE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Margaret Hurley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00

Date

Daytime Phone #

CR2E037 (9/99)