

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90137 041 \*\*\*\*61.25

DOCUMENT # N28772

1. Entity Name

CHAPEL HILL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

370 THE CONTINENTAL GRP  
 STE. 250  
 SUNRISE FL 33320  
 US

1067 SHOTGUN ROAD  
 SUNRISE FL 33326  
 US

2. Principal Place of Business

2950 N 28 Terrace

3. Mailing Address

2950 N 28 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

65-0104893

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

33020

Country

USA

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

Signature, typed or printed name of registered agent and address, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LINDA GRANGER	
STREET ADDRESS	2952 MYRTLE OAK CIRCLE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TURNER, PAUL	
STREET ADDRESS	88041 IVY COURT	
CITY-ST-ZIP	DAVIE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEE BISBANO	
STREET ADDRESS	2948 TALL OAK CT.	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	M	<input type="checkbox"/> Delete
NAME	MARGARET HURLEY	
STREET ADDRESS	2907 QUAIL RUN LANE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	D'AMICO, JEFF	
STREET ADDRESS	8863 IVY CT.	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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

LINDA L. GRANGER  
 LINDA L. GRANGER, as President

Date

2/1/02 954-475-8542

Daytime Phone #

CR2E037 (9/01)