


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -9 AM 8:00

| | |
|--|---|
| DOCUMENT # N28772 1. Entity Name CHAPEL HILL HOMEOWNERS ASSOCIATION, INC. |  |
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| Principal Place of Business 2950 N 28 TERRACE HOLLYWOOD, FL 33020 US | Mailing Address 2950 N 28 TERRACE HOLLYWOOD, FL 33020 US |
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REINSTATEMENT 04



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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

11012004 REIN-NP CR2E099 (6/04) *MRS*

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|--|--|
| 6. Name and Address of Current Registered Agent | |
| EISINGER, DENNIS 4000 HOLLYWOOD BLVD S 265 HOLLYWOOD, FL 33021 | |

| | |
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| 7. Name and Address of New Registered Agent | |
| 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dennis Eisinger* DATE 12/7/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|--|---|-------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BANCKOFT, JAN 2957 MYRTLE OAKE CIR DAVIE, FL 33328 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PR TURNER, PAUL 88041 IVY COURT DAVIE, FL | <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LEE BISBANO 2948 TALL OAK CT. DAVIE, FL 33328 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MARGARET HURLEY, 2907 QUAIL RUN LANE DAVIE, FL 33328 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRAHAM, SUE 2988 MYRTLE OAK CIR. DAVIE, FL 33328 | <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |

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: *Jan Bancroft* DATE 11/20/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #