

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001763 (1)

1. Corporation Name

CHAPEL COVE HOMEOWNERS ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:32

DO NOT WRITE IN THIS SPACE

Principal Place of Business 8320 N.W. 27 PLACE SUNRISE FL 33322	Mailing Address 8320 N.W. 27 PLACE SUNRISE FL 33322
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3. Date Incorporated or Qualified 04/08/1994	3a. Date of Last Report
4. FEI Number 65-0512256	Applied For Not Applicable

2. Principal Place of Business 21 8190 State Road 84	2a. Mailing Address 25 8190 State Road 84
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Davie, FL	City & State 28 Davie, FL
Zip 24 33324	Country 25 USA
29 33324	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WATSKY, MORRIS J
700 N.W. 107 AVE.
MIAMI FL 33172**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and the if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	LLANO, FRANK
STREET ADDRESS	8320 N.W. 27 PLACE
CITY - ST - ZIP	SUNRISE FL 33322
TITLE	DV
NAME	BLANTON, BOB
STREET ADDRESS	8320 N.W. 27 PLACE
CITY - ST - ZIP	SUNRISE FL 33322
TITLE	DST
NAME	STIEGELE, ROB
STREET ADDRESS	8320 N.W. 27 PLACE
CITY - ST - ZIP	SUNRISE FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	8190 State Road 84
14 CITY - ST - ZIP	Davie, FL 33324
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Dean Amann
23 STREET ADDRESS	8190 State Road 84
24 CITY - ST - ZIP	Davie, FL 33324
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Betty Register
33 STREET ADDRESS	8190 State Road 84
34 CITY - ST - ZIP	Davie, FL 33324
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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: Frank Llano _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ (Typed Name # _____)