

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001763 (1)
1. Corporation Name

CHAPEL COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

8190 STATE ROAD 84
DAVIE FL 33324
US

8190 STATE ROAD 84
DAVIE FL 33324
US

3. Date Incorporated or Qualified
04/08/1994

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0512256

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME **DP LLANO, FRANK** DELETE
STREET ADDRESS **8190 STATE ROAD 84**
CITY-ST-ZIP **DAVIE FL**

1.1 TITLE **DP** Change Addition
1.2 NAME **MITCHELL COX**
1.3 STREET ADDRESS **8190 STATE ROAD 84**
1.4 CITY-ST-ZIP **DAVIE, FL**

TITLE
NAME **DV AMANN, DEAN** DELETE
STREET ADDRESS **8190 STATE ROAD 84**
CITY-ST-ZIP **DAVIE FL**

2.1 TITLE **DVP** Change Addition
2.2 NAME **ANTHONY SEJAS**
2.3 STREET ADDRESS **8190 STATE ROAD 84**
2.4 CITY-ST-ZIP **DAVIE, FL**

TITLE
NAME **DST REGISTER, BETTY** DELETE
STREET ADDRESS **8190 STATE ROAD 84**
CITY-ST-ZIP **DAVIE FL**

3.1 TITLE **DST** Change Addition
3.2 NAME **Register, Betty**
3.3 STREET ADDRESS **8190 State Road 84**
3.4 CITY-ST-ZIP **Davie Fl.**

TITLE
NAME DELETE
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME DELETE
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME DELETE
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(3)(k), 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:

Mitchell Cox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96 (954) 370-0003
Date Day/Time Phone #

CP2E037 (12/95)