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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33324-4611 US

3. Date Incorporated or Qualified 04/08/1994
3a. Date of Last Report 03/13/1996

2. Principal Place of Business 2a. Mailing Address
21 4000 S. 57th Ave. 26 4000 S. 57th Ave.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 101 27 Suite 101
City & State City & State
23 Lake Worth, FL 28 Lake Worth, FL
Zip Country Zip Country
24 33463 25 USA 29 33463 30 USA

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

10. Name and Address of New Registered Agent
81 Name Property Management Resources
82 Street Address (P.O. Box Number is Not Acceptable) 4000 S. 57th Ave. Suite 101
83
84 City Lake Worth FL 85 Zip Code 33463

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 *Ralph R. Hintz* Ralph R. Hintz, President Property Management Resources 4/3/97

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input checked="" type="checkbox"/> DELETE
NAME	COX, MITCHELL	
STREET ADDRESS	8190 STATE ROAD 84	
CITY-ST-ZIP	DAVIE FL	
TITLE	D/VP	<input checked="" type="checkbox"/> DELETE
NAME	SEIJAS, ANTHONY	
STREET ADDRESS	8190 STATE ROAD 84	
CITY-ST-ZIP	DAVIE FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	REGISTER, BETTY	
STREET ADDRESS	8190 STATE ROAD 84	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Donald Mitchell	
1.3 STREET ADDRESS	1378 NW. 192nd Lane	
1.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
2.1 TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Luis Armenteros	
2.3 STREET ADDRESS	19225 NW. 13th Street	
2.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
3.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Judy Farcus	
3.3 STREET ADDRESS	1299 NW. 192 Terr.	
3.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
4.1 TITLE	Secretary D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jeanette Horton	
4.3 STREET ADDRESS	19245 NW. 14th Street	
4.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dan Mathias	
5.3 STREET ADDRESS	1298 NW 192nd Terr.	
5.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Jose Inizzary	
6.3 STREET ADDRESS	1259 NW. 192nd Way	
6.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	

14. I do 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 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: *Donald Mitchell* 4/10/97

CR2E037 (9/96)

Additonal Directors - Chapel Cove

D

Lynne Rosenthal
1274 NW. 192nd Terr.
Pembroke Pines, FL 33029