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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham 🦼

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9400001763 (1)

CHAPEL COVE HOMEOWNERS ASSOCIATION, INC.

FILED Mar 30 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address	<u> </u>	1 1601/101 E10 1011/ 0101/ 001/1 001/1 001/1 001/1 001/1 101/1 10010 E7/20 (HR IND
4000 S. 57TH AVE.	4000 S. 57TH AVE.		3. Date Incorporated or Qualified	
STE. 101	STE. 101		04/08/1994	
LAKE WORTH FL 33463 US	LAKE WORTH FL 33463 US		4. FEI Number Applied	d For
	00			plicable
2. Principal Place of Business	2a. Mailing Address	11710	- \$9.75 and	tional
en 641 So. State Kd. Seve	17 28 541 5 0.5	tate Kd. Se	Ven Fee Requir	red
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_	6. Election Campaign Financing \$5.00 May	
2 Suite 12	27 Suite	12.	Trust Fund Contribution	96
Margate, F/	28 Margat	20 C/	7. Is this nonprofit corporation a homeowners association? XYes \text{No} \text{No}	
Zip Country	Zip Zip	Country	8. This corporation owes or has paid the current year Intangi	iblo
433068 25 115A	20 33068	30 USA	Personal Property Tax due June 30. Yes X No	
9. Name and Address of Curren			10. Name and Address of New Registered Agent	
		81 Name		- 7
PROPERTY MANAGEMENT RESOURCES		82 Street	Phoenix Management Ser	<u> </u>
4000 S. 57TH AVE.		554	Address (P.O. Box Numberla No Acceptable) 11 So. State Rd Seven Suit 1:	7
STE. 101		83		
LAKE WORTH FL 33463		1 21 21		
		84 City	orgate., FL ⁸⁵ ≥ 06	<u>.</u>
11. Pursuant to the provisions of Sections 617,050	2 and 617.1508, Florida Stati	utes, the above-named	corporation submits this statement for the purpose of changing its rec	gistered
office or registered agent, or both, in the State agent, I am familiar with, and accept the obliga	of Florida. Such change was tions of, Section 617,0503. I	s authorized by the cor Florida Statutes.	orporation submits this statement for the purpose of changing its reporation's board of directors. I hereby accept the appointment as regis	istered
SIGNATURE SYMPLES	,		2/4/98	
SIGNATURE Signature, typed or printed name of registered age	nt and title if applicable. (NO	OTE: Registered Agent signatur	e required when reinstating) DATE	
Signatore, typed or printed name of registered age: 12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
Signoida, typed or printed name of registered age 12. OFFICERS AND TITLE DP			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
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12. OFFICERS AND TITLE DP MAME MITCHELL, DONALD STREET ADDRESS 1378 N.W. 192ND LANE	DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN President REBELCA J. Mathias 1298 N.W. 19248 Terroce	
12. OFFICERS AND TITLE DP NAME MITCHELL, DONALD STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN President REBELCA J. Mathias 1298 N.W. 1924 Terroce Pembroke Pines, Fl 33029	Addition
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