


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 4000 S. 57TH AVE. STE. 101 LAKE WORTH FL 33463 US

Mailing Address: 4000 S. 57TH AVE. STE. 101 LAKE WORTH FL 33463 US

3. Date Incorporated or Qualified: 04/08/1994

4. FEI Number: 65-0512256

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 641 So. State Rd. Seven Suite 12 Margate, FL 33068 USA

2a. Mailing Address: 541 So. State Rd. Seven Suite 12 Margate, FL 33068 USA

9. Name and Address of Current Registered Agent: PROPERTY MANAGEMENT RESOURCES 4000 S. 57TH AVE. STE. 101 LAKE WORTH FL 33463

10. Name and Address of New Registered Agent: Phoenix Management Ser., Inc. 541 So. State Rd Seven Suite 12 Margate, FL 33068

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: *S. Mathias* DATE: 3/4/98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, DONALD	
STREET ADDRESS	1378 N.W. 192ND LANE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	ARMENTEROS, LUIS	
STREET ADDRESS	19225 N.W. 13TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	FARCUS, JUDU	
STREET ADDRESS	1299 N.W. 192 TERR.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	IRIZZARY, JOSE	
STREET ADDRESS	1259 N.W. 192ND WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	

BD Member Nancy Kilpatrick 1225 N.W. 192nd Terrace Pembroke Pines, FL 33029

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REBECCA J. Mathias	
1.3 STREET ADDRESS	1298 N.W. 192nd Terrace	
1.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
2.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jon Lambert	
2.3 STREET ADDRESS	19260 N.W. 14th Street	
2.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Orlando Rubiano	
3.3 STREET ADDRESS	1269 N.W. 192nd Terrace	
3.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David Clinkscales	
4.3 STREET ADDRESS	PO Box 821714 N/A	
4.4 CITY-ST-ZIP	So. Florida, FL 33082	
5.1 TITLE	BD Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Pete Clemente	
5.3 STREET ADDRESS	19252 N.W. 14th Street	
5.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
6.1 TITLE	BD Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Faleria DeRobertis	
6.3 STREET ADDRESS	19280 N.W. 14th Street	
6.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Rebecca J. Mathias, Rebecca T. Mathias 3-18-98 954 431-6628

CR2E037 (10/97)