

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90081 007 ****61.25

DOCUMENT # N94000001763

1. Entity Name
 CHAPEL COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 541 S. State Rd 7
 Suite 12
 Margate, FL
 33068

Mailing Address
 541 S. State Rd 7
 Suite 12
 Margate, FL
 33068

2. Principal Place of Business
 c/o Castle Mgmt., Inc.
 Suite, Apt. #, etc
 P.O. Box 189013

3. Mailing Address
 c/o Castle Mgmt., Inc.
 Suite, Apt. #, etc
 P.O. Box 189013

DO NOT WRITE IN THIS SPACE

City & State
 Plantation, FL

City & State
 Plantation, FL

4. FEI Number
 65-0512256

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 Phoenix Mgmt Ser Inc
 541 S. State Rd &
 Suite 12
 Margate, FL 33068

7. Name and Address of New Registered Agent
 Name: Castle Management, Inc.
 Street Address (P.O. Box Number is Not Acceptable): 4450 West Sunrise Boulevard
 Suite C-100
 City: Plantation, FL Zip Code: 33313

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *Gail H. Sangunett* Gail H. Sangunett, Vice President 2/2/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mathais, Rebecca 1298 NW 192nd Terrace Pembroke Pines, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASKERVILL, TERESA 1291 NW 192 TERRACE Pembroke Pines, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rubiano, Orlando 1268 NW 192nd Terrace Pembroke Pines, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COYLE, RICHARD 19281 NW 12th MANOR Pembroke Pines, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD Kilpatrick, Nancy 1225 NW 192nd Terrace Pembroke Pines, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DeValle, Lou 1242 NW 192 Lane Pembroke Pines, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD DeRobertis, Faleria 19280 NW 14th Street Pembroke Pines, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Chaparro, Alberto 1235 NW 192 Way Pembroke Pines, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bowling, Yaddy 19264 NW 13th Street Pembroke Pines, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lee, Daniel 19280 NW 12 MANOR Pembroke Pines, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Teresa Baskerville* Teresa Baskerville, President 2/29/00 (954) 992-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dairvine Phone #

CR2F037 (01/99)