

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90016 038 ****61.25

DOCUMENT # N94000001763

1. Entity Name

CHAPEL COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% CASTLE MGMT., INC.
 P.O. BOX 189013
 PLANTATION FL 33318
 US

% CASTLE MGMT., INC.
 P.O. BOX 189013
 PLANTATION FL 33318
 US

2. Principal Place of Business c/o Century Management Services, Inc.

3. Mailing Address c/o Century Management Services, Inc.

Suite, Apt. #, etc.
 9000 Sheridan St. Suite 100

Suite, Apt. #, etc.
 9000 Sheridan St., Suite 100

City & State
 Pembroke Pines, FL

City & State
 Pembroke Pines, FL

4. FEI Number
65-0512256

Applied For
 Not Applicable

Zip Country
 33024 USA

Zip Country
 33024 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTLE MANAGEMENT, INC.
 4450 WEST SUNRISE BOULEVARD
 STE C-100
 PLANTATION FL 33313

Name
~~Mark Poffenbarger~~
 Street Address (P.O. Box Number is Not Acceptable)
 c/o Century Management Services, Inc.
 9000 Sheridan St. Suite 100
 City
 Pembroke Pines, FL Zip Code
 33024

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  **Mark Poffenbarger, Property Manager**

DATE **3/29/01**

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

(NOTE: Registered Agent signature required when reinstating)

**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	PD BASKERVILL, TERESA 1291 NW 192 TERRACE PEMBROKE PINES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COYLE, RICHARD 19281 NW 12TH MANOR PEMBROKE PINES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELVALLE, LOU 1242 NW 192 LANE PEMBROKE PINES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHAPARRO, ALBERTO 1242 NW 192 LANE PEMBROKE PINES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWLING, YADDY 19264 NW 13TH ST PEMBROKE PINES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, DANIEL 19280 NW 12 MANOR PEMBROKE PINES FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Bob Basaria 19225 N.W. 144 Street Pembroke Pines, FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lynne Rosenthal 1274 N.W. 192 Terrace Pembroke Pines, FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jon Lambert 19260 N.W. 14 Street Pembroke Pines, FL 33029	<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:

 **SIGNATURE REQUIRED** **Richard Coyle** **3/29/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)