2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 15, 2002 8:00 am § Secretary of State DOCUMENT # **N9400001763** 1. Entity Name 04-15-2002 90060 045 ****61.25 CHAPEL COVE HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business C/O CENTURY MANAGEMENT SERVICES, INC. C/O CENTURY MANAGEMENT SERVICES, INC. 9000 SHERIDAN ST., SUITE 100 R3065755 9000 Sheridan St., Suite 100 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 3. Mailing Address 2. Principal Place of Business 12505 Orange Dr. 12505 Orange Dr. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 906 Suite 906 Applied For City & State City & State 4. FEI Number 65-0512256 Not Applicable Davie, F1 Davie, Fl Country \$8.75 Additional Country 5. Certificate of Status Desired 33330 Broward Fee Required 33330 Broward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mark_Poffenbarger Street Address (P.O. Box Number is Not Acceptable) c/o Century Management Services, Inc. CENTURY MANAGEMENT SERVICES, INC. 9000 SHERIDAN ST. 12505 Orange Dr. Suite 906 SUITE 100 Zip Code 33330 City PEMBROKE PINES FL 33024 Davie 8. The above named entity submits this state he purpose of changing its registered office or registered agent, or both, in the state of Florida. Mark Poffenbarger, Property Manager SIGNATURE (NOTE: Registered Agent signature required when reinstating) and title if applicable Signature, typed or prig Make Check Payable to Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. SD ☐ Change Addition X Delete TITLE TITLE Lara Silva NAME NAME BASKERVILL, TERESA STREET ADDRESS 1219 NW 192 Terr STREET ADDRESS 1291 NW 192 TERRACE CITY-ST-7IP Pembroke Pines, F1 CITY-ST-ZIP PEMBROKE PINES FL ☐ Change X Addition TITLE □ Defete TITLE Luis Marquez.. NAME NAME COYLE, RICHARD STREET ADDRESS 1272 NW 192 Terr STREET ADDRESS 19281 NW 12TH MANOR CITY-ST-ZIP Pembroke Pines, Fl CITY-ST-ZIP PEMBROKE PINES FL Change X Addition Delete D TITLE TITLE BASARIA: BOB NAME NAME Tracy Schmidt STREET ADDRESS 19232 NW 12 St. STREET AODRESS 19225 N.W. 14TH STREET CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33029 Pembroke Pines, Fl ☐ Change Addition TITLE TD □ Delete TITLE Julio Hernandez NAME CHAPARRO, ALBERTO 1235 DBESS 1242 NW 192 LANE WAY STREET ADDRESS 19280 NW 13 St STREET ADDR CITY-ST-7IP Pembroke Pines, Fl. CITY-ST-ZIP PEMBROKE PINES FL Change Addition ☐ Delete TITLE TITLE NAME **BOWLING, YADDY** NAME STREET ADDRESS STREET ADDRESS 19264 NW 13TH ST CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL

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 a other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:

LAMBERT, JON

19260 N.W 14 STREET

PEMBROKE PINES FL 33029

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition

(9/01)