


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90076 018 ****61.25

DOCUMENT # N94000001763
 1. Entity Name
 CHAPEL COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 12505ORANGE DR
 SUITE 906
 DAVIE, FL 33330 US

Mailing Address
 12505ORANGE DR
 SUITE 906
 DAVIE, FL 33330 US

94068237



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02062004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 65-0512256

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

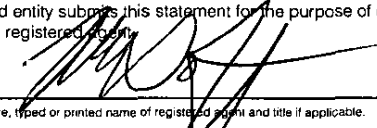
6. Name and Address of Current Registered Agent

POFFENBARGER, MARK
 % CENTURY MGMT SERVICES INC
 12505 ORANGE DR SUITE 906
 DAVIE, FL 33330

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 3/31/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

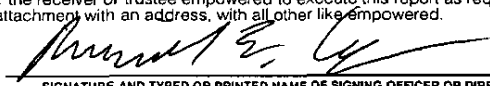
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARQUEZ, LUIS	
STREET ADDRESS	1272 NW 192 TERR	
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COYLE, RICHARD	
STREET ADDRESS	19281 NW 12TH MANOR	
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, JULIO	
STREET ADDRESS	19280 NW 13 ST.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHAPARRO, ALBERTO	
STREET ADDRESS	1235 N.W. 192 WAY	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOWLING, YADDY	
STREET ADDRESS	19264 NW 13TH ST	
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, TRACY	
STREET ADDRESS	19232 NW 12 ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE 3/15/04 DAYTIME PHONE # 954-854-0717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #